Department
Of the
Treasury
Internal
Revenue
Service

2006 Estimated Data Line Counts Individual Income Tax Returns

(Rev. 8-2008)

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This 2006 Statistics of Income (SOI) estimated data line counts indicates the **estimates** of frequencies of the entries on the lines of the forms and schedules filed with individual tax returns as shown on the 2006 Individual SOI Complete Report weighted file. It is based on returns filed in Processing Year 2007 that were sampled statistically and then weighted to estimate the entire 2006 Tax Year.

Changes for the Tax Year 2006 edition include: the addition of form 5695: Residential Energy Credits.

Variations of the three basic forms: 1040, 1040A, and 1040EZ, include electronically filed returns. The form variations were categorized into the basic forms according to the data reported on the return. For example, if a return was filed electronically and its characteristics indicate that it would other wise have been filed on paper as a 1040 or 1040A, and then it would be classified as such statistically.

2006 Complete Report estimates:

138,394,754	Total, all individual returns filed
83,805,545	1040 returns
32,018,556	1040A returns
22 570 653	1040EZ returns

Estimates of returns filed electronically:

80,095,643	Total, all individual returns filed
43,470,129	1040 returns
23,888,067	1040A returns
12,737,447	1040EZ returns

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This publication was prepared by Kyle Mudry and Justin Bryan, economists with the Individual Returns Analysis Section.

^{*} New Form for Tax Year 2006 Edition

Totals for Forms and Schedules from Estimated Data Line Counts for Tax Year 2006

	Total	Electronically filed	
All returns filed	138,394,754	80,095,643	
Form 1040	83,805,545	43,470,129	
Form 1040A	32,018,556	23,888,067	
Form 1040EZ	22,570,653	12,737,447	
Form 1040A-schedule 1, interest/dividends	2,324,309	1,323,540	tabulated within Schedule B total
Form 1040A-schedule 2, child care credit	2,080,535	1,873,536	(similar to Form 2441)
Form 1040A-schedule 3, elderly credit	119,945	95,485	(similar to Schedule R)
Schedule A, itemized deductions	49,633,233	29,029,206	
Schedule B, interest & dividends	25,836,657	10,793,887	includes schedule 1, Form 1040A
Schedule C, sole-prop business	24,607,030	12,777,057	
Schedule C-EZ	4,027,891	2,154,518	tabulated within Schedule C total
Schedule D, capital gain/loss	22,743,370	11,019,803	
Schedule E, supplemental income	17,306,790	8,127,293	
Schedule EIC, earned income credit	18,231,508	15,121,420	
Schedule F, profit or loss from farming	2,014,162	1,011,330	
Schedule J, farm income averaging	55,253	30,520	
Schedule R, elderly or disabled	213,828	124,096	includes schedule 3, Form 1040A
Schedule SE, self employed tax	18,159,142	8,832,121	
Form 2106, employee business expense	8,664,367	5,670,146	
Form 2106-EZ	4,210,735	2,765,612	
Form 2439, undistributed long term capital gains	55,401	10,040	
Form 2441, child care expenses	7,269,042	5,464,894	includes schedule 2, Form 1040A
Form 3468, investment credit	35,590	11,771	
Form 3800, general business credit	587,378	258,973	
Form 3903, moving expenses	1,100,438	755,788	
Form 4136, fuels tax credit	318,754	166,665	
Form 4562, depreciation expense	12,020,625	6,319,809	
Form 4684, casualties and thefts	306,241	135,427	
Form 4797, sales of business property	3,133,256	1,389,341	
Form 4835, farm rental	635,521	288,386	
Form 4952, investment interest	1,813,952	761,800	
Form 4972, lump-sum distributions	13,439	5,117	
Form 5329, retirement plans tax	1,469,483	946,797	
Form 5695, residential energy credits	4,361,437	2,899,982	
Form 5884, work opportunity credit	18,431	6,317	
Form 5884a, employers affected by Katrina, Wilma, and Rita	6,260	171	
Form 6198, at-risk limitations	402,575	195,624	
Form 6251, alternative minimum tax	8,683,021	4,217,706	
Form 6252, installment sale income	888,811	391,532	
Form 6781, gains/losses from contracts, etc	289,440	86,240	
Form 8283, noncash charitable contributions	6,148,798	3,608,510	
Form 8396, mortgage interest credit	55,834	39,824	
Form 8582, passive activity loss limit	3,554,402	1,667,919	
Form 8586, low income housing	70,353	32,476	
Form 8606, nondeductible IRA's	2,044,896	1,061,676	
Form 8615, under age 14 tax	387,887	123,844	
Form 8801, prior year minimum tax credit	1,340,076	616,719	
Form 8812, additional child tax credit	15,717,145	12,044,594	
Form 8814, parent's report for child	294,748	163,372	
Form 8824, like-kind exchanges	207,687	119,217	
Form 8839, qualified adoption expenses	98,629	68,196	
Form 8844, empowerment zone credit	38,475	11,903	
Form 8853, medical savings account	89,940	39,649	
Form 8863, education, hope & lifetime learning credits	7,814,008	5,385,777	
Form 8864, biodiesel and renewable diesel fuels	2,619	793	
Form 8880, credit for qualified retirement savings contrib.	5,290,862	4,047,364	
Form 8885, health coverage tax credit	22,397	5,950	
Form 8889, health savings accounts	754,114	425,392	
Form 8903, domestic production activities	474,775	192,208	
Form 8914, housing Hurricane Katrina individuals exemption	31,296	16,865	

Limitations and Guidelines for The 2006 Data Line Counts

Since the line counts used in this package are obtained from the Tax Year 2006 Individual SOI Complete Report File, they are subject to the same limitations as the data that are included in the Complete Report File. These limitations are derived from the fact that these data are statistically sampled, meaning that the line counts included in this package are **estimates** based on samples, and should not be mistaken for actual counts of the entire population. While most forms and items are present often enough to provide accurate estimates, some less popular items **should be used with a high degree of caution.**

The sample used in this study is one of a large number of samples that could have been selected using the same sample design. The estimates calculated from these different samples would vary. The sample estimate and an estimate of its standard error permit the construction of interval estimates with prescribed confidence that the interval includes the population value. Shown below are 95 percent confidence intervals for selected Form 1040 items: (For example, the population value of number of returns for salaries and wages, with 95 percent confidence, is between 116,151,272 and 116,607,480.) These confidence intervals correspond to the estimates for all Individual Income Tax Returns filed for Tax Year 2006.

Item	Line number on 1040	95% confidence interval
Salaries and wages	7	(116,151,272 , 116,607,480)
Taxable interest	8a	(62,107,700 , 62,694,770)
Tax-exempt interest	8b	(5,928,746 , 6,148,898)
Ordinary dividends	9a	(31,378,073 , 31,861,477)
State income tax refunds	10	(22,739,165 , 23,189,263)
Alimony received	11	(408,197 , 474,831)
Capital gain distributions	13 (margin w	rite in) (4,481,048 , 4,717,222)
Total taxable IRA distributions	15b	(9,802,953 , 10,127,177)
Total pension and annuities	16a	(26,272,341 , 26,750,393)
Taxable pension and annuities	16b	(23,866,781 , 24,329,659)
Unemployment compensation	19	(7,226,590 , 7,530,286)
Social security benefits	20a	(20,395,274 , 20,823,454)
Taxable social security benefits	20b	(12,492,011 , 12,829,497)
Net operating loss	21 (margin w	rite in) (878,081 , 955,717)
Educator expenses	23	(3,066,375 , 3,267,487)
IRA deduction	32	(3,134,920 , 3,326,142)

95 Percent Confidence Intervals for Selected Items on all Form 1040's--Continued

Item	Line number on 1040		95% confidence interval		
Student loan interest deduction	33		(8,373,498	,	8,708,302)
Tuition and fees deduction	35 (m	nargin write in)	(3,901,698	,	4,129,958)
Moving expenses	26		(1,023,589	,	1,141,563)
One-half of self-employment tax	27		(16,944,189	,	17,205,227)
Self-employed health insurance deduction	29		(3,722,172	,	3,886,208)
Keogh and self-employed SEP and SIMPLE pla	n 28		(1,186,650	,	1,269,948)
Penalty on early withdrawal of savings	30		(1,104,160	,	1,224,182)
Alimony paid	31a		(546,168	,	624,404)
Total adjustments	36		(33,740,757	,	34,220,291)
Adjusted gross income	37		(137,212,297	,	137,260,715)
Total standard deduction	39 (m	nargin write in)	(86,329,176	,	86,838,288)
Additional standard deduction	39 (m	nargin write in)	(11,084,749	,	11,437,905)
Total itemized deductions	40		(48,873,221	,	49,373,889)
Taxable income	43		(106,416,520	,	106,918,284)
Tax	44		(106,407,913	,	106,909,635)

Forms whose line entries have weak estimates (implying a returns sampled count less than 50) are listed below. When there is a line entry reporting less than 10 in the sample, the frequency is removed and the line is identified with a single asterisk (*).

Form 4972 Form 8885

Description of the Sample For the Estimated Data Line Counts

This section describes the sample design and selection, the method of estimation, the sampling variability of the estimates, and the methodology of computing confidence intervals.

Domain of Study

The statistics in this report are estimates from a probability sample of unaudited Individual Income Tax Returns, Forms 1040, 1040A, and 1040EZ (including electronic returns) filed by U.S. citizens and residents during Calendar Year 2007.

All returns processed during 2007 were subjected to sampling except tentative and amended returns. Tentative returns were not subjected to sampling because the revised returns may have been sampled later, while amended returns were excluded because the original returns had already been subjected to sampling. A small percentage of returns were not identified as tentative or amended until after sampling. These returns, along with those that contained no income information, were excluded in calculating estimates.

The estimates in this report are intended to represent all returns filed for Tax Year 2006. While most of the returns processed during Calendar Year 2007 were for Tax Year 2006, the remaining returns were mostly for prior years, and a few for non-calendar years ending during 2007 and 2008. Returns for prior years were used in place of 2006

returns received and processed after December 31, 2007. This was done based on the assumption that the characteristics of returns due, but not yet processed, can best be represented by the returns for previous income years that were processed in 2007

Sample Design and Selection

The sample design is a stratified probability sample, in which the population of tax returns is classified into subpopulations, called strata, and a sample is randomly selected independently from each stratum. Strata are defined by:

- 1. Nontaxable (including no alternative minimum tax) with adjusted gross income or expanded income of \$200,000 or more.
- 2. High business receipts of \$50,000,000 or more
- 3. Presence or absence of special Forms or Schedules (Form 2555, Form 1116, Form 1040 Schedule C, and Form 1040 Schedule F).
- 4. Indexed positive or negative income. Sixty variables are used to derive positive and negative incomes. These positive and negative income classes are deflated using the Chain-Type

Description of the Sample

Price Index for the Gross Domestic Product to represent a base year of 1991.

5. Potential usefulness of the return for tax policy modeling. Thirty-two variables are used to determine how useful the return is for tax modeling purposes.

Tax data processed to the IRS Individual Master File at the Enterprise Computing Center at Martinsburg during Calendar Year 2007 were used to assign each taxpayer's record to the appropriate stratum and to determine whether or not the record should be included in the sample. Records are selected for the sample either if they possess certain combinations of the four ending digits of the social security number, or if their ending five digits of an eleven-digit number generated by a mathematical transformation of the SSN is less than or equal to the stratum sampling rate times 100,000.

Data Capture and Cleaning

Data capture for the SOI sample begins with the designation of a sample of administrative records. While the sample was being selected, the process was continually monitored for sample selection and data collection errors. In addition, a small subsample of returns was selected and independently reviewed, analyzed, and processed for a quality evaluation.

The administrative data and controlling information for each record designated for this sample was loaded onto an online database at the Cincinnati Submission Processing Center. Computer data for the selected administrative records were then used to identify inconsistencies, questionable values, and missing values as well as any additional variables that an editor needed to extract for each record. The editors use a hardcopy of the taxpayer's return to enter the required information onto the online system.

After the completion of service center review, data were further validated, tested, and balanced. Adjustments and imputations for selected fields based on prior year data and other available information were used to make each record inter-

nally consistent. Finally, prior to publication, all statistics and tables were reviewed for accuracy and reasonableness in light of provisions of the tax law, taxpayer reporting variations and limitations, economic conditions, and comparability with other statistical series.

Some returns designated for the sample were not available for SOI processing because other areas of IRS needed the return at the same time. For Tax Year 2006, 0.17 percent of the sample returns were unavailable.

Method of Estimation

Weights were obtained by dividing the population count of returns in a stratum by the number of sample returns for that stratum. The weights were adjusted to correct for misclassified returns. These weights were applied to the sample data to produce all of the estimates in this report.

		_	NUMBER OF RETU		SELE	ECTE	LINES				
104	0		artment of the Treasury—Internal Revenue S Individual Income Tax Re	- //// III	5	(99)	IRS Use O	nly—Do no	t write or	staple in this space.	
		For	the year Jan. 1-Dec. 31, 2006, or other tax year beg	inning , 200	06, endir	ng	, 2	0)	С	MB No. 1545-0074	ļ
Label	ĺ	You	ur first name and initial	Last name						social security nun	
(See	Ļ	Tota	al of all returns filed = 138,394,754							138,3	94,754
instructions on page 16.)	A B	If a	joint return, spouse's first name and initial	Last name					Spous	e's social security	number
Use the IRS	E L	104	10 = 83,805,545	Electronically filed	returr	ns = 80	0,095,64	3		55,81	9,871
label.	н	Но	me address (number and street). If you have a	a P.O. box, see page 16	6.		Apt. no.		▲ Y	ou must enter	
Otherwise, please print	E	104	IOA = 32,018,556							our SSN(s) above	е. 📥
or type.	R E	Cit	y, town or post office, state, and ZIP code. If	you have a foreign add	ress, se	ee page	16.		Checkir	ng a box below wi	ill not
Presidential		104	I0EZ = ^22,570,653	es 742,859 1040E	Z-T re	turns				133,331 Y = **9,	
Election Cam	paign	C	heck here if you, or your spouse if filing	jointly, want \$3 to g	jo to tl	his fund	d (see pa	ge 16) ▶		You 🗌 Spot	ıse
61,8	30,74	3 1 [Single	20,669,369	4 🔲	Head o	of househo	old (with o	ualifvin	g person). (See pag	ne 17.) If
Filing Stat		2 [Married filing jointly (even if only one	had income)				,	. ,	t not your depende	, ,
53,2 Check only	94.93	⁰ з [Married filing separately. Enter spous	,		this chi	ild's name	here. ▶			
one box	2,52	4,941		74,771	5	Qualify	ing widov	v(er) with	depen	dent child (see pa	
	42,165	5 6a	Yourself. If someone can claim yo	ou as a dependent, d	lo not	check	box 6a			Boxes (on 6a a Exem. =1	81,770,971
Exemption	าร	b	Spouse 53,329,806						<u></u> ∫	No. of (Returns =	
		С	Dependents:	(2) Dependent's			endent's Iship to	(4) √ if qua child for chi		• lived Exem. = 8	
			(1) First name Last name	social security numb	er	yc		redit (see pa		 did not live with 	1
			CHILDREN AT HOME	46,497,241		82,27	7,150	35,696	,320	you due Returns = or separ	
If more than f dependents,			CHILDREN AWAY FROM HOME	638,886		814,	,528	23,017	,662	(see pag Exem. =8	
page 19.	300		PARENTS	2,698,088		3,193	3,632	7,733,	103	Dependents on 6c not entered above	
			OTHER DEPENDENTS	5,114,905		7,200		2,134,		Total returns	= 128,442,16
		d	Total number of exemptions claimed To				56,944 _{- n}	Qualifying C ot depend.		Add no Total exem.	= 275,256,94
		7	Wages, salaries, tips, etc. Attach Form	(s) W-2 depend.	other e	earned	inc. = 40	,367	7	116,379,376	
Income		8a	Taxable interest. Attach Schedule B if	required					8a	62,401,235	
Attach Form(s)	b	Tax-exempt interest. Do not include of	on line 8a	8b	6,0	038,822				
W-2 here. Als		9a	Ordinary dividends. Attach Schedule B	if required					9a	31,619,775	
attach Forms W-2G and	;	b	Qualified dividends (see page 23) .		9b	26,	,584,184				
1099-R if tax		10	Taxable refunds, credits, or offsets of s	state and local incom	ne tax	es (see	page 24)	10	22,964,214	
was withheld		11	Alimony received						11	441,514	
		12	Business income or (loss). Attach Sche	edule C or C-EZ .13	3 Cap (gạin dis	st. = 4,599	9,135	12	21,656,409	
		13	Capital gain or (loss). Attach Schedule	D if required. If not i	require	ed, che	ck here I		13	22,069,069	
If you did not		14	Other gains or (losses). Attach Form 47						14	1,778,803	
get a W-2, see page 23.		15a	II IA distributions , , i i i i	635.115 b	Taxab	le amou	unt (see pa	age 25)	15b	9.965.065	
ece page Le.		16a	Pensions and annuities 16a 26.5						16b	24,098,220	
Enclose, but		17	Rental real estate, royalties, partnership				ach Sched	dule E	17	15,624,588	
not attach, ar payment. Also		18	Farm income or (loss). Attach Schedule	eF					18	1,958,273	
please use		19		eno 364					19	7,378,438	+
Form 1040-V		20a	Coolar Cocanty Contents .				unt (see pa	-	20b	13,749,185	
		21 22	Other income. List type and amount (s Add the amounts in the far right column						21	6,176,952 137,228,802	
					23		18,668		22 21 Na	et operat. loss = 916	800
Adjusted	ı	23	Archer MSA deduction. Attach Form 88		23	<u> </u>	10,000		-	ock options = 10,46	· .
Gross	-	24	Certain business expenses of reservists, pe	•	24	1	20,468			or. earn. inc. excl =.	
Income		05	fee-basis government officials. Attach For		25	_	58,968		21 G	ambling inc. = 1,871	,292
		25 26	Health savings account deduction. Atta		26		082,576		23 Ec	ducator exp. = 3,166	5,931
		20 27	Moving expenses. Attach Form 3903 One-half of self-employment tax. Attach		27		074,708				
		28	Self-employed SEP, SIMPLE, and qual		28		228,299		1		
		29	Self-employed SEF, SiMFLE, and qual		29		804,190				
		30	Penalty on early withdrawal of savings	,	30	+	164,171				
		31a	Alimony paid b Recipient's SSN ►	584,444	31a	_	85,286				
		31a	IRA deduction (see page 31)		32	_	230,531				
		33	Student loan interest deduction (see page 31)		33		540,900		35 Tı	ı uition & Fees = 4,01	5,828
		34	Jury duty pay you gave to your employ	-	34		57,259			or. housing ded.= 3,	
		35	Domestic production activities deduction.		35		21,128		36 O	ther adj. = 137,296	•
		36	Add lines 23 through 31a and 32 through						36	33,980,524	
		37	Subtract line 36 from line 22. This is vo	-				•		***137,236,506	3

Form 1040 (2006)	Α	= 18,119,767 B = 7,204,915 C = 267,817		D = 8	3,673				Page 2
Tax	38	Amount from line 37 (adjusted gross income)					38		
and	39a	` ` , ` , ` ,			Total boxes				
Credits	Jaa	if: B Spouse was born before January 2, 1942,	_	'		200	Basi	ic stand. ded. = 86,58	33,732
		(= -		,		_	Add	stand. ded. = 11,26	31,327
Standard	L	If your spouse itemizes on a separate return or you were a dual-status a				553 116	J	49,123,555	
Deduction for—	_40	Itemized deductions (from Schedule A) or your standar				gın)	40	1	
	41	Subtract line 40 from line 38					41	120,676,830	
 People who checked any 	42	If line 38 is over \$112,875, or you provided housing to a per	son dis	placed	by Hurricane	e Katrina,			
box on line		see page 36. Otherwise, multiply \$3,300 by the total number			•		42	128,397,993	
39a or 39b or who can be	43	Taxable income. Subtract line 42 from line 41. If line 42					43	106,667,402	
claimed as a	44	Tax (see page 36). Check if any tax is from: a Form(s) 88		_	Form 4972		44	106,658,774	
dependent, see page 34.					1 01111 4372		45	3,966,540	
	45	Alternative minimum tax (see page 39). Attach Form 62					46	106,688,255	
All others:	46	Add lines 44 and 45			6,418,31	7			+
Single or	47	Foreign tax credit. Attach Form 1116 if required		47				F8396 = 48,897	
Married filing separately,	48	Credit for child and dependent care expenses. Attach Form 2	2441	48	6,466,79		-11.	F8839 = 93,369	
\$5,150	49	Credit for the elderly or the disabled. Attach Schedule R		49	98,261			F3800 = 386,681	
Married filing	50	Education credits. Attach Form 8863		50	7,725,13	8		F8801 = 359,098	
jointly or	51	Retirement savings contributions credit. Attach Form 8880		51	5,192,13	3	1	F8844 = 32,209	
Qualifying widow(er),	52	Residential energy credits. Attach Form 5695		52	4,344,18	39	55c	Other = 79,911	
\$10,300	1	3,		53	25,741,5				
Head of	53	Child tax credit (see page 42). Attach Form 8901 if requ		54	20,7 11,0				
household,	54	Credits from: a Form 8396 b Form 8839 c Form 8					-		
\$7,550	55	Other credits: a \square Form 3800 b \square Form 8801 c \square Form_		55					
	56	Add lines 47 through 55. These are your total credits					56	44,397,533	
	57	Subtract line 56 from line 46. If line 56 is more than line	46, ent	ter -0-		<u> ▶ </u>	57	94,509,890	
Ottoon	58	Self-employment tax. Attach Schedule SE			.		58	17,074,708	
Other	59	Social security and Medicare tax on tip income not reported t				37	59	355,457	
Taxes	60	Additional tax on IRAs, other qualified retirement plans, etc.	•	•			60	5,148,030	
						illed	61	129,124	_
	61	Advance earned income credit payments from Form(s) W	7-2, bo	х 9,	1		62	225,441	
	62 63	Household employment taxes. Attach Schedule H Add lines 57 through 62. This is your total tax Recapture	 tax = 1	2 536 (Other taxes = 6	643 619 •	63	102,363,945	_
							03	102,000,040	+
Payments Payments	64	Federal income tax withheld from Forms W-2 and 1099		64	120,500,8		-		
	65	2006 estimated tax payments and amount applied from 2005 re	eturn	65	11,128,0		-		
If you have a	_66a	Earned income credit (EIC)		66a	23,042,20	00			
qualifying	b	Nontaxable combat pay election ▶ 66b 8,323							
child, attach Schedule EIC.	67	Excess social security and tier 1 RRTA tax withheld (see page	e 60)	67	1,443,43	37			
	68	Additional child tax credit. Attach Form 8812	,	68	15,590,5	92		70a F2439 = 84,	1 547
	69	Amount paid with request for extension to file (see page	. 60)	69	1,758,12	25		1	•
			,	70			1	70b F4136 = 318	,
	70	Payments from: a Form 2439 b Form 4136 c Form 88			96,873,3	53	-	70c F8885 = 22,	397
	71	Credit for federal telephone excise tax paid. Attach Form 8913 if req		71				124 049 200	
	72	Add lines 64, 65, 66a, and 67 through 71. These are you	r total	payme	ents	•	72	134,948,299	+
Refund	73	If line 72 is more than line 63, subtract line 63 from line 72	. This is	s the a	ımount you o	verpaid	73	109,915,823	
Direct deposit?	74a	Amount of line 73 you want refunded to you. If Form 88	88 is a	ttache	d, check her	e ▶ 🗌	74a	107,001,071	
See page 61	▶ b	Routing number	c Type	e: 🗌 C	Checking	Savings			
and fill in 74b, 74c, and 74d,	▶ d	Account number							
or Form 8888.	75	Amount of line 73 you want applied to your 2007 estimated tax		75	3,978,42	 21			
Amount	76	Amount you owe. Subtract line 72 from line 63. For deta					76	26,694,105	
You Owe	77	Estimated tax penalty (see page 62)		77	6,496,92			-,,	
	Do	you want to allow another person to discuss this return wi					Comp	loto the following	No
Third Party	DO	you want to allow another person to discuss this return wi	ui uie i	no (5e	e page 63)?	res.	Comp	iete trie following.	NO
Designee		ignee's Phone				onal identific	cation		$\neg \neg$
	nar)			ber (PIN)			
Sign		er penalties of perjury, I declare that I have examined this return and a ef, they are true, correct, and complete. Declaration of preparer (other the							
Here				• .		oauon on W			~g~.
Joint return?	You	r signature Date	Your	r occupa	ation		Day	time phone number	
See page 17.							()	
Кеер а сору	Spo	use's signature. If a joint return, both must sign. Date	Spoi	use's o	ccupation				
for your records.	7				•				
			Date				Pror	parer's SSN or PTIN	
Paid		parer's 81,874,512	Date		Check i		Lieb	Jaici S JOIN UI FIIN	
Preparer's		idealo			self-em		<u> </u>		
Use Only		n's name (or rs if self-employed),			E	EIN	- 1		
Joe Only	ado	ress, and ZIP code			F	hone no.	()	

	_	_		URNS FILED FOR	SELE	ECTED LINES	S			
104 0	0		rtment of the Treasury—Internal Revenue Individual Income Tax Re	U //// 11		(99) IRS Use	Only—Do no	t write or	staple in this space.	
	$\overline{}$	For	the year Jan. 1-Dec. 31, 2006, or other tax year beg	ginning , 200	6, endin	g ,	20 ``\	О	MB No. 1545-0074	
Label	ĺ	You	r first name and initial	Last name				Your s	ocial security num	ber
(See	Ļ	l		Total 1040 ONLY re	eturns	s filed = 83,80	05,545		83,805	,545
instructions on page 16.)	A B	If a	joint return, spouse's first name and initial	Last name				Spous	e's social security r	number
Use the IRS	E L	l					į		44,693	,954
label.	н	Hoi	ne address (number and street). If you have	a P.O. box, see page 16	6.	Apt. no	D.	_ Y	ou must enter	
Otherwise, please print	E	Ele	ctronically filed forms 1040 Only = 43	3,470,129				A y	our SSN(s) above). —
or type.	R E	City	, town or post office, state, and ZIP code. If	you have a foreign addr	ress, se	ee page 16.		Checkir	ng a box below wil	ll not
Presidential									66,815 Y = **8,502	
Election Camp	paign	▶ C	neck here if you, or your spouse if filing	g jointly, want \$3 to g	o to th	nis fund (see p	age 16) ▶	-	You 🗌 Spou	ıse 1,2
30,	,177,36	⁶⁴ 1	Single	8,888,658	4	Head of househ	old (with o	qualifying	person). (See pag	e 17.) If
Filing State		2	☐ Married filing jointly (even if only one	e had income)			,	. , ,	not your depender	,
42,8 Check only	883,46	⁵ ₃ [Married filing separately. Enter spou	·		this child's nam	e here. >			
one box.	1,810,		and full name here. ▶	45,569	5	Qualifying wide	ow(er) with	depen	dent child (see pag	
	024,13	1 6a	Yourself. If someone can claim you	ou as a dependent, d	o not	check box 6a	=)	Boxes chec Exem.	= 123,928,1
Exemption	IS	b	Spouse 42,904,048				, .	<u></u> }	No. of child Dotum	s = 30 358 2
		С	Dependents:	(2) Dependent's		(3) Dependent's	(4) √ if qua child for chi		on 6c who: Returns lived witl Exem.	= 55,050,05
			(1) First name Last name	social security number	er	relationship to you	credit (see pa		did not live with	
			CHILDREN AT HOME	30,358,268		55,050,054	21,335	,099	you due to c Return	
If more than for the second of			CHILDREN AWAY FROM HOME	452,628		562,334	14,873	,556	or separatio Exem. (see page 20,	
page 19.	500		PARENTS	1,646,474		1,936,354	5,290,	448_	Dependents on 6c not entered above	
			OTHER DEPENDENTS	2,111,815		2,904,932	5,290,		Total Returns	
		d	Total number of exemptions claimed	. 81,024,131	18	34,381,854 _r	Qualifying not dependent		ines al Total exem.	= 184,381,8
_		7	Wages, salaries, tips, etc. Attach Form	n(s) W-2				7	66,068,314	
Income		8a	Taxable interest. Attach Schedule B if	f required				8a	51,131,004	
Attach Form(s)	b	Tax-exempt interest. Do not include	on line 8a	8b	5,886,770)			
W-2 here. Als	-	9a	Ordinary dividends. Attach Schedule E	3 if required				9a	28,805,953	
attach Forms		b	Qualified dividends (see page 23) .		9b	24,526,77	0			
W-2G and 1099-R if tax		10	Taxable refunds, credits, or offsets of	state and local incom	ne taxe	es (see page 2	4)	10	22,964,214	
was withheld		11	Alimony received					11	441,514	
		12	Business income or (loss). Attach Sch	edule C or C-EZ 13*	cap g	ain distrib = 3	,742,388	12	21,656,409	
		13	Capital gain or (loss). Attach Schedule					13	22,069,069	
If you did not		14	Other gains or (losses). Attach Form 4	797				14	1,778,803	
get a W-2,		15a	ii ii t dibtiibations			le amount (see p		15b	8,546,369	
see page 23.		16a	Pensions and annuities 16a 21,	704,086 b	Taxabl	le amount (see p	page 26)	16b	19,581,080	
Enclose, but	do	17	Rental real estate, royalties, partnership					17	15,624,589	
not attach, an	•	18	Farm income or (loss). Attach Schedul	le F				18	1,958,273	
payment. Alsc please use	Ο,	19	Unemployment compensation					19	4,247,245	
Form 1040-V.		20a	Social security benefits . 20a 15,	849,516 b	Taxabl	le amount (see p	page 27)	20b	11,608,818	
		21	Other income. List type and amount (s					21	5,567,419	
		22	Add the amounts in the far right column	for lines 7 through 21	. This i	s your total inc	come 🕨	22	83,528,441	
A -1: t1		23	Archer MSA deduction. Attach Form 8	8853	23	18,668		┨——	et operat. loss = 916	
Adjusted		24	Certain business expenses of reservists, pe	erforming artists, and					ock options = 10,468	
Gross			fee-basis government officials. Attach For	rm 2106 or 2106-EZ	24	120,468		4	or. earn. inc. excl. = 3	
Income		25	Health savings account deduction. Atta	ach Form 8889	25	358,968		_	ambling inc. = 1,871,	
		26	Moving expenses. Attach Form 3903		26	1,082,576		23 EC	luc Exp. = 2,833,329)
		27	One-half of self-employment tax. Attack	h Schedule SE	27	17,074,70				
		28	Self-employed SEP, SIMPLE, and qua		28	1,228,299				
		29	Self-employed health insurance deduc		29	3,804,190				
		30	Penalty on early withdrawal of savings	3	30	937,879				
		31a	Alimony paid b Recipient's SSN ▶		31a	585,286				
		32	IRA deduction (see page 31)		32	2,794,816				
		33	Student loan interest deduction (see p	page 33)	33	5,871,728	3		uition & Fees = 3,424	-
		34	Jury duty pay you gave to your emplo	oyer	34	46,982			ousing ded. = 3,942	
		35	Domestic production activities deduction	n. Attach Form 8903	35	421,128			ther adj. = 137,296	I
		36	Add lines 23 through 31a and 32 through	•				36	30,055,782	
		37	Subtract line 36 from line 22. This is v	our adjusted arose i	ncom	9		37	83 805 545	1

Form 1040 (2006)	Α	= 13,809,725	B = 5,694,241	C:	= 185,240	•	D = (61,649				I	Page 2
Tax	38	Amount from line	37 (adjusted gross in	come	<i>i</i>)						38		
and	39a		were born before Jai					Total boxes					
Credits	oou	· · ·	use was born before				>					Basic stand. ded. = 3	32,885,371
Standard	b	(es on a separate return or ye		-		,			9h 🗆		Add. stand. ded. = 6	871,801
Deduction	40	Itemized deducti	ions (from Schedule A	al or i	vour etanda i	allell, rd de	aduction	o (see left n	nargir. 5	51,116	40	49,123,555	
for—	41	Subtract line 40 f	rom line 38	¬) U I)	your stanua i	u u	eductioi	i (See leit II	ilai gii i)		41	75,687,166	
People who												-,,	
checked any box on line	42		112,875, or you provide					-			42	80,979,960	
39a or 39b or	40	. 0	erwise, multiply \$3,300	•							43	69,230,709	
who can be claimed as a	43		. Subtract line 42 from Check if any tax is from:	_						•		69,232,109	
dependent, see page 34.	44	,	•		, ,						45	3,965,915	
	45		num tax (see page 39								46	69,261,590	
All others:	46		45					6,418,	317			F8396 = 48,897	
Single or Married filing	47	-	t. Attach Form 1116 if				40	4,637,				F8839 = 93,369	
separately,	48		d dependent care expe				49	42,9				F3800 = 386,681	
\$5,150	49		erly or the disabled. A				50	4,936,				F8801 = 359,098	
Married filing jointly or	50		. Attach Form 8863				51	2,451,			55c	F8844 = 32,209	
Qualifying	51	J	s contributions credit.					4,344,			55c	Other = 79,911	
widow(er), \$10,300	52	0.	y credits. Attach Form				52	16,667					
Head of	53		see page 42). Attach				I	10,007	,091				
household,	54	_	Form 8396 b Form				54 55						
\$7,550	55		Form 3800 b Form				_				50	20 012 267	
	56 57		ough 55. These are yo								56	30,912,367 63,834,096	
	57		from line 46. If line 56			40,	enter -u-				57	17,074,708	
Other	58		tax. Attach Schedule								58	355,457	
Taxes	59		Medicare tax on tip inc								59	5,148,030	_
	60		IRAs, other qualified re	-							60		
	61		income credit paymer			V-2,	box 9.				61	32,482	
	62		byment taxes. Attach bugh 62. This is your t				 12 536		 = 643 61		62	225,441	
	63										63	71,606,535	_
Payments Payments	64		ax withheld from Forn					69,711 10,702					
	65		payments and amount	applie	d from 2005 r	eturn	- 1	0.000					
If you have a qualifying	_66a	Earned income cre		-	 2,302	i ·	. 66a	0,000,	307				
child, attach	b		pay election 66b					1,440,	302				
Schedule EIC.	67		urity and tier 1 RRTA tax					7,043					
	68		ax credit. Attach Form					1,730,				70a F2439 = 84,	547
	69		n request for extensio		`	,)	1,730,	130			70b F4136 = 318	,
	70		a Form 2439 b Fo				70	66,939	581			70c F8885 = 22,	397
	71		ephone excise tax paid. At 66a, and 67 through						,561	•	70	81,240,256	
	72		, ,								72	60,261,651	
Refund	73		than line 63, subtract I					•	•		73	57,425,899	
Direct deposit? See page 61	74a		you want refunded	to yo						_	74a	37,425,699	
and fill in 74b,	▶ b	Routing number		+	<u> </u>	► c]	Type: 🔲	Checking	Savir	ngs			
74c, and 74d,	► d	Account number											
or Form 8888.	75		ou want applied to your					3,878,			70	22 201 255	
Amount You Owe	76 77		e. Subtract line 72 from nalty (see page 62) .		63. For deta		on how to . 77	o pay, see 6,117,		. ▶	76	22,281,355	
	D-	· · ·	another person to dis				_			Yes. (lamoC	ete the following.	No
Third Party		signee's			Phone		- (-		ersonal i				
Designee		me >			no. \ ())		umber (F		ation	<u> </u>	
Sign	Un bel	der penalties of perjury	r, I declare that I have exarct, and complete. Declarati	nined t	his return and a	accon	mpanying :	schedules and	d stateme	nts, and	to the	best of my knowledg	e and
Here			n, and complete. Declarati	011 01 p					momati	011 01 WI			ago.
Joint return?	YO	ur signature			Date	Y	our occu	pation			Dayt	ime phone number	
See page 17.	_										()	
Keep a copy for your records.	Sp	ouse's signature. If a	joint return, both must s	sign.	Date	S	Spouse's	occupation					
Paid	Pre	eparer's	54,778,865			Dat	te	Chec	ck if		Prep	arer's SSN or PTIN	_
Preparer's		inature							employed	d 🔲 t			
Use Only		m's name (or urs if self-employed),) ———						EIN	nc	1 ()	

2006 ESTIMATED DATA LINE COUNTS - (ALL FIGURES ARE ESTIMATES BASED ON SAMPLES) 17 NUMBER OF RETURNS FILED FOR SELECTED LINES Department of the Treasury-Internal Revenue Service 1040 U.S. Individual Income Tax Return IRS Use Only-Do not write or staple in this space. For the year Jan. 1-Dec. 31, 2006, or other tax year beginning 2006, ending OMB No. 1545-0074 Label Your first name and initial Your social security number Electronically Filed Returns = 80.095.643 (See 80,095,643 instructions A B E If a joint return, spouse's first name and initial Spouse's social security number on page 16.) 1040's E-filed = 43,470,129 31,375,658 Use the IRS label. Home address (number and street). If you have a P.O. box, see page 16. Apt. no. You must enter н Otherwise, 1040A's E-filed = 23,888,067 your SSN(s) above. E R please print City, town or post office, state, and ZIP code. If you have a foreign address, see page 16. or type. Checking a box below will not 1040EZ's E-filed = ^12,737,447 ^Includes 145,972 1040EZ-T returns Y = *3,320,740 Y = *4,809,513 **Presidential** Check here if you, or your spouse if filing jointly, want \$3 to go to this fund (see page 16) ▶ Election Campaign You Spouse 32,818,809 Sinale 15.851.720 4 Head of household (with qualifying person). (See page 17.) If Filing Status the qualifying person is a child but not your dependent, enter Married filing jointly (even if only one had income) 30,290,843 this child's name here. Check only Married filing separately. Enter spouse's SSN above 1,084,815 and full name here. 49,456 **5** Qualifying widow(er) with dependent child (see page 17) Boxes chi Exem. = 106,178,601 75,883,756 6a Yourself. If someone can claim you as a dependent, do not check box 6a on 6a and **Exemptions Spouse** 30,295,845 No. of children on 6c who Returns = 32,042,380 (4) if qualifying (3) Dependent's Dependents: (2) Dependent's • lived w Exem. = 56,777,582 relationship to child for child tax social security number (1) First name Last name credit (see page 19) did not live with you you due to d Returns = 370,714 CHILDREN AT HOME 32,042,380 56,777,582 26,024,567 or separation (see page 20) Exem. = 457,055 If more than four CHILDREN AWAY FROM HOME 370.714 457.055 16.584.842 dependents, see Dependents on 6c **PARENTS** 1,570,573 1,812,389 5,244,760 page 19. not entered above OTHER DEPENDENTS 5,228,978 1,378,594 3.909.123 Add nı Total Return = 75,883,756 170,454,606 Qual. Child, not depen. = 5,037 lines a Total Exem = 170,454,606 75,883,756 Total number of exemptions claimed 71,138,142 Wages, salaries, tips, etc. Attach Form(s) W-2 Income 32,049,243 8a Taxable interest. Attach Schedule B if required 2,644,454 Tax-exempt interest. Do not include on line 8a Attach Form(s) 15,397,242 9a W-2 here. Also Ordinary dividends. Attach Schedule B if required attach Forms 13,328,049 Qualified dividends (see page 23) W-2G and 14,381,963 10 Taxable refunds, credits, or offsets of state and local income taxes (see page 24) 10 1099-R if tax 226.272 11 was withheld. 11 11,303,467 Business income or (loss). Attach Schedule C or C-EZ 13* cap gain distrib = 2,344,909 12 12 10,601,670 13 13 Capital gain or (loss). Attach Schedule D if required. If not required, check here 817,425 If you did not Other gains or (losses). Attach Form 4797 14 14 get a W-2, 5,029,199 4,691,119 15a 15b 15a IRA distributions **b** Taxable amount (see page 25) see page 23. 12,338,163 13,761,122 16a 16b Pensions and annuities **b** Taxable amount (see page 26) 7.330.113 17 17 Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E Enclose, but do 992,276 not attach, any 18 18 Farm income or (loss). Attach Schedule F . . . payment. Also. 4,984,943 19 19 Unemployment compensation please use 9,660,570 6,324,556 Social security benefits . 20a 20b Form 1040-V. 20a 3,330,538 21 Other income. List type and amount (see page 29) 79,763,456 22 Add the amounts in the far right column for lines 7 through 21. This is your total income 22 8,787 21 Net operat. loss = 408,065 23 Archer MSA deduction. Attach Form 8853 . **Adjusted** 21 Stock options = 5,324 24 Certain business expenses of reservists, performing artists, and Gross 21 For. earn. inc. excl. = 60,474 70,929 24 fee-basis government officials. Attach Form 2106 or 2106-EZ 21 Gambling inc. = 1,027,661 Income 186.818 25 25 Health savings account deduction. Attach Form 8889. . . 23 Educator Exp. = 2,044,801 722,918 26 26 Moving expenses. Attach Form 3903 8,368,917 27 27 One-half of self-employment tax. Attach Schedule SE . . . 523,753 28 28 Self-employed SEP, SIMPLE, and qualified plans . . . 1,700,853 29 Self-employed health insurance deduction (see page 29) 29 30 603.827 Penalty on early withdrawal of savings . 30 31a 314,817 31a Alimony paid **b** Recipient's SSN ▶ ___ 1.654.031 32 IRA deduction (see page 31) 32 5,970,363 35 Tuition & Fees ded. = 2,555,365 33 33 Student loan interest deduction (see page 33) . 16,314 36 For. housing ded. = 956 34 Jury duty pay you gave to your employer

Domestic production activities deduction. Attach Form 8903

Add lines 23 through 31a and 32 through 35

Subtract line 36 from line 22. This is your adjusted gross income

187.709

** Number of returns with both yes boxes checked

36 Other adj. = 69,728

19,214,208

80,095,643

35

36

Form 1040 (2006)		A = 7.982.271 B = 3,083,324 C = 135,730	D =	49,608			I	Page 2
Tax	38	Amount from line 37 (adjusted gross income)				38		
and	39a	` ,		Total boxes				
Credits	oou	if: C Spouse was born before January 2, 1942, D				E	Basic stand. ded. = 50	,325,659
Standard	b	If your spouse itemizes on a separate return or you were a dual-status alien,	,		9h [Add. stand. ded. = 4	962,75
Deduction	 40	Itemized deductions (from Schedule A) or your standard d	i, see page Jodustio	a (see left margin 2	14,301	40	28,814,733	
for—	г				•	41	71,781,676	
People who	41	Subtract line 40 from line 38			. •		,,	
checked any box on line	42	If line 38 is over \$112,875, or you provided housing to a person		•		42	75,883,744	
39a or 39b or		see page 36. Otherwise, multiply \$3,300 by the total number of				43	62,597,151	
who can be claimed as a	43	Taxable income. Subtract line 42 from line 41. If line 42 is r		•		44	62,604,956	
dependent,	44	Tax (see page 36). Check if any tax is from: a Form(s) 8814		Form 4972			1,908,315	
see page 34.	45	Alternative minimum tax (see page 39). Attach Form 6251				45	62,616,703	
All others:	46	Add lines 44 and 45			. ▶	46		
Single or	47	Foreign tax credit. Attach Form 1116 if required	47	2,824,447		_	F8396 = 37,553	
Married filing separately,	48	Credit for child and dependent care expenses. Attach Form 244	I	4,861,361			F8839 = 66,189	
\$5,150	49	Credit for the elderly or the disabled. Attach Schedule R .	49	46,958			F3800 = 183,883	
Married filing	50	Education credits. Attach Form 8863	50	5,378,713			F8801 = 163,838	
jointly or Qualifying	51	Retirement savings contributions credit. Attach Form 8880.	51	3,981,060			F8844 = 9,032	
widow(er),	52	Residential energy credits. Attach Form 5695	52	2,886,564		550	Other = 39,575	ı
\$10,300	53	Child tax credit (see page 42). Attach Form 8901 if required	d 53	18,633,586				
Head of	54	Credits from: a ☐ Form 8396 b ☐ Form 8839 c ☐ Form 8859	9 54					
household, \$7,550	55	Other credits: a Form 3800 b Form 8801 c Form	55					
<u> </u>	56					56	29,829,333	
	57	Subtract line 56 from line 46. If line 56 is more than line 46,	enter -0		•	57	53,325,128	
0.11	58	Self-employment tax. Attach Schedule SE				58	8,368,917	
<u>O</u> ther	59	Social security and Medicare tax on tip income not reported to er				59	223,793	
Taxes	60	Additional tax on IRAs, other qualified retirement plans, etc. At			•	60	3,474,948	
	61	Advance earned income credit payments from Form(s) W-2,		·		61	103,176	
	62	Household employment taxes. Attach Schedule H	, box o .			62	66,565	
	63	Add lines 57 through 62. This is your total tax Recapture tax	= 5,062	Other taxes = 393,71	3 ▶	63	57,672,259	
Daymanta	64	Federal income tax withheld from Forms W-2 and 1099 .		72,937,420				
Payments Payments	65	2006 estimated tax payments and amount applied from 2005 return		4,666,369				
	厂		66a	11				
If you have a qualifying	_66a	Earned income credit (EIC)	. 000	,,				
child, attach	b	Trontaxable combat pay election P	0) 67	817,465				
Schedule EIC.	67	Excess social security and tier 1 RRTA tax withheld (see page 60	0)	12,040,511				
	68	Additional child tax credit. Attach Form 8812		532,913			70a F2439 = 11,	048
	69	Amount paid with request for extension to file (see page 60	0)	332,313			70b F4136 = 16	•
	70 ∢	Payments from: a Form 2439 b Form 4136 c Form 8885	I	62,782,947			70c F8885 = 5,9	50
	71	Credit for federal telephone excise tax paid. Attach Form 8913 if required		-			79,431,440	
-	72	Add lines 64, 65, 66a, and 67 through 71. These are your to			•	72		
Refund	73	If line 72 is more than line 63, subtract line 63 from line 72. The		, .		73	69,515,899	
Direct deposit?	74a	Amount of line 73 you want refunded to you. If Form 8888		·	_	74a	68,415,890	
See page 61 and fill in 74b,	▶ b	Routing number	Type: 🔲	Checking Savir	igs			
74c, and 74d,	► d	Account number						
or Form 8888.	75	Amount of line 73 you want applied to your 2007 estimated tax		1,591,458				
Amount	76	Amount you owe. Subtract line 72 from line 63. For details of	on how t	o pay, see page 62	•	76	10,214,279	
You Owe	77	Estimated tax penalty (see page 62)	. 77	2,714,832				
Third Party	Do	you want to allow another person to discuss this return with the	the IRS (s	see page 63)?	Yes.	Compl	ete the following.	No
Designee		signee's Phone		Personal i	dentific	ation		
Designee		me ▶ no. ▶ ()	number (F			<u> </u>	
Sign		der penalties of perjury, I declare that I have examined this return and accoief, they are true, correct, and complete. Declaration of preparer (other than						
Here					JII OI WI			uge.
Joint return?	Yo	ur signature Date	Your occu	pation		Dayt	ime phone number	
See page 17.						()	
Keep a copy for your	Sp	ouse's signature. If a joint return, both must sign. Date	Spouse's	occupation				
records.	7							
Doid	Dr	eparer's Da	ate	Object 10		Prep	arer's SSN or PTIN	
Paid	sig	54,271,543		Check if self-employed	d 🔲 l			
Preparer's		n's name (or		EIN		1		
Use Only		urs if self-employed),		Phone	no)	

Form Department of the Treasury-Internal Revenue Service 1040A 2006 U.S. Individual Income Tax Return IRS Use Only-Do not write or staple in this space. Your first name and initial OMB No. 1545-0074 Label Your social security number (See page 18.) Total Forms Filed = 32,018,556 A B E 32,018,556 Spouse's social security number If a joint return, spouse's first name and initial Use the L Total Forms Filed Electronically = 23,888,067 9,637,768 IRS label. Н Home address (number and street). If you have a P.O. box, see page 18. You must enter Otherwise, your SSN(s) above. please print City, town or post office, state, and ZIP code. If you have a foreign address, see page 18. or type. Checking a box below will not Joint = 8,923,316Single = 10.570.876′ = *1,128,900 Y = **869,344**Presidential** Election Campaign Check here if you, or your spouse if filing jointly, want \$3 to go to this fund (see page 18) You Filing 10,570,876 1 Single 11.780.711 4 Head of household (with qualifying person). (See page 19.) status 8,923,316 2 If the qualifying person is a child but not your dependent, Married filing jointly (even if only one had income) enter this child's name here. ▶ 714,452 **3** Married filing separately. Enter spouse's SSN above and Check only one box. Qualifying widow(er) with dependent child (see page 20) full name here. **5** L 6a Vourself. If someone can claim you as a dependent, do not check **Boxes Exemptions** checked on 6a and 6bExem. = 40,197,618 = 31,259,009 box 6a. **b** Spouse = 8,938,609 No. of children on 6c who: Returns = 16,138,972 (4) √if qualifying c Dependents: (3) Dependent's • lived with Exem. = 27,227,096 (2) Dependent's social child for child relationship to tax credit (see security number (1) First name Last name you page 21) If more than six did not live dependents, CHILDREN AT HOME 16,138,972 14,361,221 27,227,096 with you due to divorce or see page 21. CHILDREN AWAY FROM HOME 252,194 8,144,106 186,258 separation Returns = 186.258 (see page 22) **PARENTS** 1,051,614 1,257,278 2,442,655 Exem. = 252,194 OTHER DEPENDENTS 3,003,089 4,295,730 709,950 **Dependents** on 6c not entered above **TOTAL DEPENDENTS** 18,646,332 33,032,298 Qualif, child not dep. Total Returns = 31,259,009 Exem. = 73,229,916 Total Returns = 31,259,009 Add numbers on lines **d** Total number of exemptions claimed. Total Exem. = 73,229,916 Income Wages, salaries, tips, etc. Attach Form(s) W-2. 7 28,571,208 Attach Form(s) W-2 8a Taxable interest. Attach Schedule 1 if required. 8,078,402 8a here. Also b Tax-exempt interest. Do not include on line 8a. 8b attach 150,054 Form(s) Ordinary dividends. Attach Schedule 1 if required. 9a 2,813,822 1099-R if tax **b** Qualified dividends (see page 25). 9b 2,057,414 was withheld. 856.747 10 Capital gain distributions (see page 25). 10 If you did not **11a** IRA 11b Taxable amount get a W-2, see 1,489,446 1,418,696 distributions. (see page 25). 11a 11b page 24. Taxable amount 12a Pensions and Enclose, but do 4,807,281 4,517,140 annuities. 12a (see page 26). 12b not attach, any 13 Unemployment compensation, Alaska Permanent Fund dividends, and payment. 2,096,234 Other Income = 423,680 13 jury duty pay. 14a Social security **14b** Taxable amount 4,759,848 2,140,366 benefits. 14a (see page 28). 14b 15 Add lines 7 through 14b (far right column). This is your total income. 31,872,567 15 Penalty on early withdrawal of savings (see **Adjusted** page 28). 16 226,291 gross 17 IRA deduction (see page 28). 17 435,715 income Educator Expenses = 333,602 18 Student loan interest deduction (see page 31). 18 2,669,171 19 Jury duty pay you gave your employer (see Tuition & Fees Ded. = 591,382 page 31). 19 10,277 20 3,924,742 Add lines 16 through 19. These are your total adjustments. 20 32,018,556 21 Subtract line 20 from line 15. This is your adjusted gross income.

For Disclosure, Privacy Act, and Paperwork Reduction Act Notice, see page 58.

Cat. No. 11327A

Form 1040A	(2006) NUMBER OF RETURNS FILED FOR SELECTED LINES			Р	age 2
Tax,	22	Enter the amount from line 21 (adjusted gross income).		22		
credits,	A =	4,310,041 B= 1,510675 C = 82,578 D = 22,023		,		
and	23a	Check ∫ A You were born before January 2, 1942,	1	Additio	onal Stand. Ded = 4,	,389,52
		if:	<u> </u>] - Total (Standard Ded = 31,8	270 56 <u>9</u>
payments	b		_	Total	Standard Ded - 51,0	370,300
Standard Deduction		deductions, see page 32 and check here Boxes checked = 2,000 ▶ 23b		_		
for—	24	Enter your standard deduction (see left margin).		24	31,870,568	
People who	25	Subtract line 24 from line 22. If line 24 is more than line 22, enter -0		25	28,554,829	
checked any box on line	26	If line 22 is over \$112,875, or you provided housing to a person displaced by Hurricane Ka				
23a or 23b or		see page 32. Otherwise, multiply \$3,300 by the total number of exemptions claimed on lin	e 6d.	26	31,259,009	
who can be claimed as a	27	Subtract line 26 from line 25. If line 26 is more than line 25, enter -0				
dependent,		This is your taxable income.		27	22,711,510	
see page 32.	28	Tax, including any alternative minimum tax (see page 32).		28	22,704,481	
All others:	29	Credit for child and dependent care expenses.				
Single or Married filing		Attach Schedule 2. 29 1,829,357		_		
separately,	30	Credit for the elderly or the disabled. Attach				
\$5,150		Schedule 3. 30 55,323		_		
Married filing	31	Education credits. Attach Form 8863. 31 2,788,803		_		
jointly or Qualifying	32	Retirement savings contributions credit. Attach Form 8880. 32 2,740,482		_		
widow(er),	33	Child tax credit (see page 37). Attach				
\$10,300		Form 8901 if required. 33 9,063,820		_		
Head of household,	34	Add lines 29 through 33. These are your total credits.		34	13,485,166	
\$7,550	35	Subtract line 34 from line 28. If line 34 is more than line 28, enter -0		35	15,953,610	
	36	Advance earned income credit payments from Form(s) W-2, box 9.		36	96,642	
	37	Add lines 35 and 36. This is your total tax.		37	16,035,226	
	38	Federal income tax withheld from Forms W-2 and 1099. 38 29,523,979		_		
	39	2006 estimated tax payments and amount				
If you have		applied from 2005 return. 39 425,956		_		
a qualifying child, attach	40a			_		
Schedule	b	- , -				
EIC.	41	Additional child tax credit. Attach Form 8812. 41 8,547,074				
	42	Credit for federal telephone excise tax paid.	1		A withheld = 2.03	30
		Attach Form 8913 if required. 42 21,607,436		_	equest = 19,328	1
-	43	Add lines 38, 39, 40a, 41, and 42. These are your total payments.	<u> </u>	43	31,471,282	+
Refund	44	If line 43 is more than line 37, subtract line 37 from line 43.		11	20 020 207	
Discort.	4=	This is the amount you overpaid.		44	28,930,287	+
Direct deposit?	45a	Amount of line 44 you want refunded to you. If Form 8888 is attached, check here	▶	45a	28,851,288	
See page 53	▶ b	Routing pumber				
and fill in		number				
45b, 45c, and 45d or	► d	Account				
Form 8888.		number	Т	-		
	46	Amount of line 44 you want applied to your				
		2007 estimated tax. 46 99,903		-		1
Amount	47	Amount you owe. Subtract line 43 from line 37. For details on how		47	2,792,881	
you owe	40	to pay, see page 54. Estimated tax penalty (see page 54). 48 379,492		47	2,792,001	
	48	,	<u> </u>			
Third party	, [Do you want to allow another person to discuss this return with the IRS (see page 55)?	Yes. C	omple	ete the following.	No
designee		· · · · · · · · · · · · · · · · · · ·	nal iden		n	
		no. ► () number number no. ► () number number no. ► () number	er (PIN)		to the best of my	
Sign	· ·	mowledge and belief, they are true, correct, and accurately list all amounts and sources of income I received	durina	the tax	year. Declaration	
here		of preparer (other than the taxpayer) is based on all information of which the preparer has any knowledge your signature Your occupation		l Da	aytime phone numb	er
Joint return? See page 18.		our digitation		,	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	
Keep a copy	-	Spouse's signature. If a joint return, both must sign. Date Spouse's occupation)	
for your		Spouse's signature. If a joint return, both must sign. Date Spouse's occupation				
records.	,	Date		Drop	arer's SSN or PTIN	
Paid		Treparters 18.882.318 Check if	д П	Frepa	alei 9 JON UI FIIN	
preparer's	_	seir-employe	<u>ч Ш</u>			
use only	\	irm's name (or cours if self-employed), address, and ZIP code Phone)	
-	2	iduiess, and AIF COUE 7 Printe	٠١١٠٠ ز	1	,	

Department of the Treasury—Internal Revenue Service

1040EZ		Income Tax Return for S Joint Filers With No Dep	Single and Dendents (99)	2006			OMB No. 154:	5-0074
Label		Your first name and initial	Last name Total Forms F	iled = *22,570,6	553	Your so	cial security num	
(See page 11.) Use the IRS	A B E	If a joint return, spouse's first name and initial	Last name *Includes 742,	859 1040EZ-T r	eturns	Spouse'	s social security nu	
Otherwise,	HE	Home address (number and street). If you have a	P.O. box, see page 11.		Apt. no.		u must enter ir SSN(s) above.	
please print or type.	Ř	City, town or post office, state, and ZIP code. If ye	ou have a foreign address, s	ee page 11.				
Presidential Election		Single = 21,082,504	Joint =	1,488,149		change	g a box below w your tax or refun 37,616 Y = **13	nd.
Campaign (page 11)		Check here if you, or your spouse if a	joint return, want \$3	to go to this fund		☐ You		ouse
Income	1	Wages, salaries, and tips. This shou Attach your Form(s) W-2.	ald be shown in box 1	of your Form(s) V	V-2.	1	21,739,854	
Attach Form(s) W-2 here.	_2	Taxable interest. If the total is over	\$1,500, you cannot us	e Form 1040EZ.	t interest = 1,99	2	3,191,829	
Enclose, but do not attach,	_3	Unemployment compensation and A	Alaska Permanent Fu	Other net income and dividends (see p		3	1,034,960	
any payment.	_4	Add lines 1, 2, and 3. This is your		110.	ome = 21,827,7	'94 ₄	22,570,653	
	5	applicable box(es) below and enter th	e amount from the wo	rksheet on back.	heck the			
		If no one can claim you (or your sp \$16,900 if married filing jointly.	ou boxes checked = 6, bouse if a joint return See back for explanat), enter \$8,450 if s	ingle; tions = 17,645,	,175 ⁵	16,159,025	
	6	Subtract line 5 from line 4. If line 5 This is your taxable income.	5 is larger than line 4	, enter -0	•	6	16,434,834	
Payments	_7		oox 2 of your Form(s) W-2.		7	21,264,957	
and tax		a Earned income credit (EIC).		01 0		8a	2,112,545	+
	9	 Nontaxable combat pay election. Credit for federal telephone excise to the combat pay. 	tax paid. Attach Forn	8b 0		9	8,326,336	
	10			Excess FICA / RR	,	10	22,236,760	
	11		ove to find your tax is	n the tax table on p			14,722,183	
Refund Have it directly	12:	a If line 10 is larger than line 11, sub If Form 8888 is attached, check her	tract line 11 from lin		refund.	12a	20,723,885	
deposited! See page 18 and fill in 12b, 12c,	▶ 1	b Routing number	▶ c	Type: Checkin	g Savings			
and 12d or Form 8888.	> 0	d Account number				ı		
Amount you owe	13	If line 11 is larger than line 10, subt the amount you owe. For details on			•	13	1,619,869	
Third party		you want to allow another person to c		n the IRS (see page	, —	·	te the following.	☐ No
designee	nan		Phone no. ▶ ()	Personal ide number (PI)	N)		
Sign here	acc	der penalties of perjury, I declare that I have curately lists all amounts and sources of incor all information of which the preparer has any	me I received during the ty knowledge.	ax year. Declaration of		than the tax	payer) is based	
Joint return? See page 11.	You	ur signature	Date	Your occupation		Day	time phone numbe	er
Keep a copy for your records.	Spo	ouse's signature. If a joint return, both must	sign. Date	Spouse's occupation	on			
Paid		eparer's 8,213,328			Check if self-employed	- I '	arer's SSN or PTIN	
preparer's use only	you	m's name (or urs if self-employed), dress, and ZIP code			EIN Phone no.	. ()	

2006 ESTIMATED DATA LINE COUNTS - (ALL FIGURES ARE ESTIMATES BASED ON SAMPLES)

NUMBER OF RETURNS FILED FOR SELECTED LINES Department of the Treasury—Internal Revenue Service

Schedule 1 (Form 1040A)

Name(s) shown on Form 1040A

Interest and Ordinary Dividends for Form 1040A Filers

2006

OMB No. 1545-0074

Your social security number

		Total Schedules Filed = 2,324,309			
Part I		Note. If you received a Form 1099-INT, Form 1099-OID, or substitute s brokerage firm, enter the firm's name and the total interest shows			
(See back of schedule and the instructions	1	List name of payer. If any interest is from a seller-financed mortgage and the buyer used the property as a personal residence, see back of schedule and list this interest first. Also, show that buyer's social security number and address.		Amanust	
for Form		Security number and address.		Amount	
1040A.			1		
line 8a.)					
,					
	-				
	2	Add the amounts on line 1.	2	2,243,806	
	3	Excludable interest on series EE and I U.S. savings bonds issued after 1989. Attach Form 8815.	3		
	4	Subtract line 3 from line 2. Enter the result here and on Form 1040A,			
	7	line 8a.	4		
		iiie oa.	4		
Part II		Note. If you received a Form 1099-DIV or substitute statement from a keep enter the firm's name and the ordinary dividends shown on that for the statement of t		age firm,	
Ordinary	5	List name of payer.		Amount	
dividends			5	7	
(See back	-				
of schedule					
and the					
instructions					
for Form	-		-		
1040A, line 9a.)			$\overline{}$		
iiile sa.)					
	6	Add the amounts on line 5. Enter the total here and on Form 1040A, line 9a.	6	927,976	
		into ou.	J	,	

Cat. No. 12075R

Schedule 2

Department of the Treasury-Internal Revenue Service

(Form 1040A)

Child and Dependent Care **Expenses for Form 1040A Filers**

2006 (99)

OMB No. 1545-0074

Name(s) shown on Form 1040A Your social security number Total Schedules Filed = 2,074,518 Before you begin: You need to understand the following terms. See Definitions on page 1 of the separate instructions. Dependent care benefits Qualifying person(s) Qualified expenses (b) Address (number, street, apt. no., (a) Care provider's (c) Identifying (d) Amount paid Part I name city, state, and ZIP code) number (SSN or EIN) (see instructions) 1 Persons or organizations who provided the care 2,074,518 (If you need more space, use the bottom of page 2.) You must complete this - No — Complete only Part II below. Did you receive part. dependent care benefits? Complete Part III on the back next. Caution. If the care was provided in your home, you may owe employment taxes. If you do, you must use Form 1040. See Schedule H and its instructions for details. Information about your qualifying person(s). If you have more than two qualifying persons, see Part II the instructions. (c) Qualified expenses Credit for child (a) Qualifying person's name you incurred and paid (b) Qualifying person's social and dependent security number in 2006 for the person First Last listed in column (a) care expenses 2,049,889 608,662 3 Add the amounts in column (c) of line 2. Do not enter more than \$3,000 for one qualifying person or \$6,000 for two or more persons. If you completed Part III, enter the amount from line 27. 3 2,024,144 **4** Enter your **earned income.** See the instructions. 4 2,072,861 5 If married filing jointly, enter your spouse's earned income (if your spouse was a student or was disabled, see the instructions); all others, enter the amount from line 4. 537,853 5 6 Enter the smallest of line 3, 4, or 5. 6 2,021,148 7 Enter the amount from Form 1040A, line 22. 8 Enter on line 8 the decimal amount shown below that applies to the amount on line 7. If line 7 is: If line 7 is: **But not Decimal But not Decimal** Over amount is Over amount is over over \$0—15,000 .35 \$29,000-31,000 .27 15,000—17,000 17,000—19,000 31,000—33,000 33,000—35,000 .34 .26 .33 .25 .32 .24 19,000—21,000 35,000—37,000 21,000—23,000 .31 37.000-39.000 .23 23,000-25,000 .30 39,000-41,000 .22 25,000-27,000 .29 41,000-43,000 .21 27,000-29,000 .28 43,000-No limit .20 8 Multiply line 6 by the decimal amount on line 8. If you paid 2005 expenses in 2006, see the instructions. 9 current yr. - 2,021,148 10 Enter the amount from Form 1040A, line 28. 10 Credit for child and dependent care expenses. Enter the smaller

of line 9 or line 10 here and on Form 1040A, line 29.

11 Total credit -1,829,357

Part III

Dependent care benefits

Schedule 2 (Form 1040A) 2006

NUMBER OF RETURNS FILED FOR SELECTED LINES

1040A) 2000	NOMBER OF RETORNS FIELD FOR SELECTED LINES			Page Z
6	12	Enter the total amount of dependent care benefits you received for 2006. This amount should be shown in box 10 of your Form(s) W-2. Do not include amounts that were reported to you as wages in box 1 of Form(s) W-2.	12	101,970	
	13	Enter the amount, if any, you carried over from 2005 and used in 2006 during the grace period. See the instructions.	13		
	14	Enter the amount, if any, you forfeited or carried forward to 2007. See the instructions.	14 ()
	15	Combine lines 12 through 14. See the instructions.	15		
	16	Enter the total amount of qualified expenses incurred in 2006 for the care of the qualifying person(s). 16 105,376	_		
	17	Enter the smaller of line 15 or 16.	_		
	18	Enter your earned income . See the instructions. 18 2,072,861	_		
	19	Enter the amount shown below that applies to you.			
		 If married filing jointly, enter your spouse's earned income (if your spouse was a student or was disabled, see the instructions for line 5). 			
		 If married filing separately, see the instructions for the amount to enter. 			
		• All others, enter the amount from line 18. 19 537,853	_		
	20	Enter the smallest of line 17, 18, or 19.			
	21	 Excluded benefits. Enter here the smaller of the following: The amount from line 20, or \$5,000 (\$2,500 if married filing separately and you were required to enter your spouse's earned income on line 19). 	21	78,373	
	22	Taxable benefits. Subtract line 21 from line 15. Also, include this amount on Form 1040A, line 7. In the space to the left of line 7, enter "DCB."	22	17,980	
		To claim the child and dependent care credit, complete lines 23–27 below.			
	23	Enter \$3,000 (\$6,000 if two or more qualifying persons).	23		
	24	Enter the amount from line 21.	24	78,373	
	25	Subtract line 24 from line 23. If zero or less, stop. You cannot take the credit. Exception. If you paid 2005 expenses in 2006, see the instructions for line 9.	25		
	26	Complete line 2 on the front of this schedule. Do not include in column (c) any benefits shown on line 21 above. Then, add the amounts in column (c) and enter the total here.	26		
	27	Enter the smaller of line 25 or 26. Also, enter this amount on line 3 on the front of this schedule and complete lines 4–11.	27	2,024,144	

Page 2

Schedule 3 (Form 1040A) Department of the Treasury-Internal Revenue Service

Credit for the Elderly or the Disabled for Form 1040A Filers

for Form 1040A Filers (99) 2006 OMB No. 1545-0074

lame(s) shown on Form 1040A	Your social security number
Total Forms Filed = 213,828	1 1

You may be able to take this credit and reduce your tax if by the end of 2006:

You were age 65 or older or
 You were under age 65, you retired on permanent and total disability, and you received taxable disability income.

But you must also meet other tests. See the separate instructions for Schedule 3.

In most cases, the IRS can figure the credit for you. See the instructions.

Part I If your filing status is: And by the end of 2006: Check only one box: Check the Single, **1** You were 65 or older = 213,828 box for your Head of household, or filing status Qualifying widow(er) 2 You were under 65 and you retired on permanent and age and total disability **3** Both spouses were 65 or older 4 Both spouses were under 65, but only one spouse retired on permanent and total disability 4 5 Both spouses were under 65, and both retired on permanent and total disability. 5 Married filing iointly 6 One spouse was 65 or older, and the other spouse was under 65 and retired on permanent and total disability 6 □ 7 One spouse was 65 or older, and the other spouse was under 65 and **not** retired on permanent and 8 You were 65 or older and you lived apart from your spouse for all of 2006 8 Married filing 9 You were under 65, you retired on permanent and separately total disability, and you lived apart from your Did you check Yes-Skip Part II and complete Part III on the back. box 1, 3, 7, or No — Complete Parts II and III. 8?

Part II Statement of permanent and total disability

Complete this part **only** if you checked box 2, 4, 5, 6, or 9 above.

- 1 You filed a physician's statement for this disability for 1983 or an earlier year, or you filed or got a statement for tax years after 1983 and your physician signed line B on the statement, **and**
 - - If you checked this box, you do not have to get another statement for 2006.
 - If you **did not** check this box, have your physician complete the statement on page 4 of the instructions. You **must** keep the statement for your records.

2006 ESTIMATED DATA LINE COUNTS - (ALL FIGURES ARE ESTIMATES BASED ON SAMPLES)

Schedule 3 (Form 1040A) 2006 NUMBER OF RETURNS FILED FOR SELECTED LINES Page 2

Part III	
Figure you	r
credit	

10	If you checked (in Part I):	Enter:
	Box 1, 2, 4, or 7	\$5,000
	Box 3, 5, or 6	\$7,500
	Box 8 or 9	\$3,750

Did you check box 2, 4, 5, 6, or 9 in Part I?

Yes → You must complete line 11.

No → Enter the amount from line 10 on line 12 and go to line 13.

- 11 If you checked (in Part I):
 - Box 6, add \$5,000 to the taxable disability income of the spouse who was under age 65. Enter the total.
 - Box 2, 4, or 9, enter your taxable disability income.
 - Box 5, add your taxable disability income to your spouse's taxable disability income. Enter the total.

and the state of t

	the instructions.	11	*	
12	If you completed line 11, enter the smaller of line 10 or line 11; all others , enter the amount from line 10.	12	119,345	

- 13 Enter the following pensions, annuities, or disability income that you (and your spouse if filing a joint return) received in 2006.
 - Nontaxable part of social security benefits and

Nontaxable part of railroad retirement benefits treated as social security (see the instructions). 13a 27,308

b Nontaxable veterans' pensions and

Any other pension, annuity, or disability benefit that is excluded from income under any other provision of law (see the instructions).

13b *

- c Add lines 13a and 13b. (Even though these income items are not taxable, they **must** be included here to figure your credit.) If you did not receive any of the types of nontaxable income listed on line 13a or 13b, enter -0- on line 13c. 13c 27,708
- **14** Enter the amount from Form 1040A, line 22. 14

15	If you checked (in Part I): Enter:			
	Box 1 or 2			
	Box 3, 4, 5, 6, or 7			
	Box 8 or 9	15		
16	Subtract line 15 from line 14. If zero or less,			
	enter -0	16	83,746	
17	Enter one-half of line 16.	17	83.746	

	Litter one than of line to:			
18	Add lines 13c and 17.	18	94,761	
19	Subtract line 18 from line 12. If zero or less, stop; you cannot take			
	the credit. Otherwise, go to line 20.	19	111,311	
20	Multiply line 19 by 15% (.15).	20		
21	Enter the amount from Form 1040A, line 28, minus any amount on			
	Form 1040A, line 29.	21		
22	Credit for the elderly or the disabled. Enter the smaller of line 20			

Credit for the elderly or the disabled. Enter the smaller of line 20 or line 21 here and on Form 1040A, line 30.

SCHEDULES A&B (Form 1040)

Department of the Treasury Internal Revenue Service

Schedule A—Itemized Deductions

(Schedule B is on back)

► Attach to Form 1040. ► See Instructions for Schedules A&B (Form 1040).

OMB No. 1545-0074

2006

Attachment
Sequence No. 07

Name(s) shown on Form 1040 Your social security number Total scheduled filed = 49.633.233 Medical **Caution.** Do not include expenses reimbursed or paid by others. 10,208,792 1 and 1 Medical and dental expenses (see page A-1) . . . Enter amount from Form 1040, line 38 2 **Dental** 2 Multiply line 2 by 7.5% (.075). 3 10,207,311 **Expenses** 3 Subtract line 3 from line 1. If line 3 is more than line 1, enter -0-10,208,792 4 4 5 46,915,714 Income tax = 35,666,4585 State and local income taxes Taxes You 6 42,584,481 Real estate taxes (see page A-3) General sales tax = 11,249,256 Paid 6 7 21,470,392 7 (See page A-3.) 8 Other taxes. List type and amount ▶..... 8 3,071,407 9 Add lines 5 through 8 9 48,660,923 39,441,507 10 Home mortgage interest and points reported to you on Form 1098 Interest You Paid Home mortgage interest not reported to you on Form 1098. If paid 11 to the person from whom you bought the home, see page A-3 (See page A-3.) and show that person's name, identifying no., and address 1,147,219 11 Note. Personal Points not reported to you on Form 1098. See page A-4 12 interest is 12 2,970,713 for special rules not 13 Investment interest. Attach Form 4952 if required. (See deductible. 1,819,888 13 40,284,927 14 Add lines 10 through 13 14 Gifts to 15 Gifts by cash or check. If you made any gift of \$250 or 38,942,196 15 Charity more, see page A-5 If you made a 16 Other than by cash or check. If any gift of \$250 or more, gift and got a 24,748,231 16 see page A-5. You must attach Form 8283 if over \$500 benefit for it, 511,699 17 17 see page A-4. Add lines 15 through 17 Captial gains deduction limitation = 42,074 41,437,749 18 18 Casualty and Theft Losses 19 Casualty or theft loss(es). Attach Form 4684. (See page A-6.) 206.287 19 Job Expenses 20 Unreimbursed employee expenses—job travel, union and Certain dues, job education, etc. Attach Form 2106 or 2106-EZ 15,985,244 20 Miscellaneous if required. (See page A-6.) ▶ 20,810,174 21 **Deductions** 21 (See 22 Other expenses—investment, safe deposit box, etc. List page A-6.) type and amount ▶..... 9,484,460 23 28,432,625 23 Add lines 20 through 22 Enter amount from Form 1040, line 38 24 24 Multiply line 24 by 2% (.02) 28,430,504 25 12.313.749 Subtract line 25 from line 23. If line 25 is more than line 23, enter -0- . 26 26 Other Other—from list on page A-7. List type and amount ▶ Miscellaneous Gambling loss deduction = 1,060,601 Other than gambling ded. = 564,501 **Deductions** 1,605,514 Propterty income, casualty & theft deduction = 5,383 27 Total 28 Is Form 1040, line 38, over \$150,500 (over \$75,250 if married filing separately)? Itemized No. Your deduction is not limited. Add the amounts in the far right column 28 49,123,555 **Deductions** for lines 4 through 27. Also, enter this amount on Form 1040, line 40. 6,789,435 = Yes. Your deduction may be limited. See page A-7 for the amount to enter. 128,272 = 29 If you elect to itemize deductions even though they are less than your standard deduction, check here ►

2006 ESTIMATED DATA LINE COUNTS - (ALL FIGURES ARE ESTIMATES BASED ON SAMPLES)

Schedules A&B (Form 1040) 2006

NUMBER OF RETURNS FILED FOR SELECTED LINES

OMB No. 1545-0074

Your social security number

Page 2

Name(s) shown on Form 1040. Do not enter name and social security number if shown on other side.

Total Schedules Filed = 25,836,657

Filed Electronically = 10,793,887

		Schedule B—Interest and Ordinary Dividends		Attack Seque	nment ence N	o. 08
Part I Interest	1	List name of payer. If any interest is from a seller-financed mortgage and the buyer used the property as a personal residence, see page B-1 and list this interest first. Also, show that buyer's social security number and address ▶		Amo	ount	
(See page B-1 and the instructions for Form 1040, line 8a.)		Of the total schedules filed, F1040 = 23,512,348 F1040A = 2,324,309	1			
Note. If you received a Form 1099-INT, Form 1099-OID, or substitute statement from a brokerage firm, list the firm's name as the payer and enter		The component parts of line 2 are as follows: F1040 = 22,480,185 F1040A = 2,243,806				
the total interest shown on that	2	Add the amounts on line 1	2	24,723,9	90	
form.	3	Excludable interest on series EE and I U.S. savings bonds issued after 1989. Attach Form 8815	3 4	34,410)	
	_	ote. If line 4 is over \$1,500, you must complete Part III.	_ _	Amo	unt	
Part II Ordinary Dividends	5	List name of payer ▶				
(See page B-1 and the instructions for Form 1040, line 9a.)						
Note. If you received a Form 1099-DIV or substitute statement from a brokerage firm, list the firm's name as the payer and enter the ordinary dividends shown on that form.		The component parts of line 6 are as follows: F1040 = 17,060,069 F1040A = 927,976	5			
	_	Add the amounts on line 5. Enter the total here and on Form 1040, line 9a . Dete. If line 6 is over \$1,500, you must complete Part III.	6	17,988,0	45	
Part III Foreign Accounts and Trusts	<u>a for</u>	must complete this part if you (a) had over \$1,500 of taxable interest or ordinary divide reign account; or (c) received a distribution from, or were a grantor of, or a transferor to, at At any time during 2006, did you have an interest in or a signature or other authority account in a foreign country, such as a bank account, securities account, or other fire See page B-2 for exceptions and filling requirements for Form TD F 90-22.1.	a fore over ancia	a financial account?	Yes	No
(See page B-2.)	8	If "Yes," enter the name of the foreign country ► During 2006, did you receive a distribution from, or were you the grantor of, or foreign trust? If "Yes," you may have to file Form 3520. See page B-2		feror to, a Y = 8.705		

SCHEDULE C **Profit or Loss From Business** (Form 1040)

(Sole Proprietorship)

OMB No. 1545-0074

▶ Partnerships, joint ventures, etc., must file Form 1065 or 1065-B. Department of the Treasury Internal Revenue Service Attachment Sequence No. **09** (99)▶ Attach to Form 1040, 1040NR, or 1041. ▶ See Instructions for Schedule C (Form 1040). Name of proprietor Social security number (SSN) Total Schedules Filed = 22.076.125 Includes 4,027,891 Schedule C-EZ's Principal business or profession, including product or service (see page C-2 of the instructions) B Enter code from pages C-8, 9, & 10 22,076,125 C Business name. If no separate business name, leave blank. D Employer ID number (EIN), if any 2,988,145 Business address (including suite or room no.) ▶ City, town or post office, state, and ZIP code (3) Other (specify) Accounting Method = 22,076,125 MPARTC = 17,770,515 Accounting method: (1) Cash (2) Accrual G Did you "materially participate" in the operation of this business during 2006? If "No," see page C-3 for limit on losses If you started or acquired this business during 2006, check here Boxes checked = 1,964,423 ▶ □ н Income Gross receipts or sales, Caution, If this income was reported to you on Form W-2 and the "Statutory 21,059,693 1 employee" box on that form was checked, see page C-3 and check here Boxes checked =52,330 ▶ 699,676 2 2 Returns and allowances 3 21.060.717 3 Subtract line 2 from line 1 4,774,763 4 4 Cost of goods sold (from line 42 on page 2) 21,090,160 5 5 1,142,991 6 Other income, including federal and state gasoline or fuel tax credit or refund (see page C-3). . . 21,286,713 7 **Expenses.** Enter expenses for business use of your home **only** on line 30. Part II 5,996,081 7,993,108 18 8 Advertising **18** Office expense 142,976 19 19 Pension and profit-sharing plans 9 Car and truck expenses (see 11,991,189 9 page C-4) **20** Rent or lease (see page C-5): 2,122,688 1,112,640 10 20a 10 Commissions and fees a Vehicles, machinery, and equipment . 2,006,577 3.099.717 11 20b 11 Contract labor (see page C-4) **b** Other business property . . . 74,212 21 4,658,199 12 Depletion 21 Repairs and maintenance . 12 9,286,206 22 22 Supplies (not included in Part III) . 13 Depreciation and section 179 6,390,371 23 Taxes and licenses . . . expense deduction (not included in Part III) (see 24 Travel, meals, and entertainment: 6,965,360 4,461,731 13 24a page C-4) **a** Travel Employee benefit programs **b** Deductible meals and 315,802 6,474,271 14 24b entertainment (see page C-6) (other than on line 19). 5,856,974 8,605,827 15 Insurance (other than health) . **25** Utilities 25 15 26 1,328,982 Interest: 26 Wages (less employment credits) . 748.522 16a a Mortgage (paid to banks, etc.) . 27 Other expenses (from line 48 on 1.816.565 12,089,414 16h 27 Other page 2) Legal and professional

29 21,869,623 Tentative profit (loss). Subtract line 28 from line 7 29 3,295,166 Expenses for business use of your home. Attach Form 8829 . . 30 30 Net profit or (loss). Subtract line 30 from line 29. 31 • If a profit, enter on both Form 1040, line 12, and Schedule SE, line 2, or on Form 1040NR, 21,656,409 31

• If a loss, you **must** go to line 32. nondeductible loss (+)/suspended loss carryover (-) = 77,196

If you have a loss, check the box that describes your investment in this activity (see page C-6). • If you checked 32a, enter the loss on both Form 1040, line 12, and Schedule SE, line 2, or on Form 1040NR, line 13 (statutory employees, see page C-6). Estates and trusts, enter on Form 1041,

line 13 (statutory employees, see page C-6). Estates and trusts, enter on Form 1041, line 3.

7,593,218

Total expenses before expenses for business use of home. Add lines 8 through 27 in columns .

32a All investment is at risk. 32b Some investment is not at risk.

• If you checked 32b, you must attach Form 6198. Your loss may be limited.

17

services

28

At risk = 5.356.230

19,171,997

28

2006 ESTIMATED DATA LINE COUNTS - (ALL FIGURES ARE ESTIMATES BASED ON SAMPLES)

Schedule C (Form 1040) 2006 NUMBER OF RETURNS FILED FOR SELECTED LINES Page 2 Cost of Goods Sold (see page C-7) Part III Method(s) used to value closing inventory: a Cost **b** Lower of cost or market **c** Other (attach explanation) Was there any change in determining quantities, costs, or valuations between opening and closing inventory? ☐ No 1,554,942 35 Inventory at beginning of year. If different from last year's closing inventory, attach explanation . 2,748,619 Purchases less cost of items withdrawn for personal use . . . 36 692,692 37 37 Cost of labor. Do not include any amounts paid to yourself . . . 2,007,479 Materials and supplies 39 996,479 39 40 Add lines 35 through 39 40 1,638,878 41 41 Cost of goods sold. Subtract line 41 from line 40. Enter the result here and on page 1, line 4 Information on Your Vehicle. Complete this part only if you are claiming car or truck expenses on line 9 and are not required to file Form 4562 for this business. See the instructions for line 13 on page C-4 to find out if you must file Form 4562. When did you place your vehicle in service for business purposes? (month, day, year) ▶ ____/_____ 43 Of the total number of miles you drove your vehicle during 2006, enter the number of miles you used your vehicle for: Business b Commuting (see instructions) c Other No Do you (or your spouse) have another vehicle available for personal use?. . . 45 ☐ No Was your vehicle available for personal use during off-duty hours? 46 No 47a Do you have evidence to support your deduction? ☐ No b If "Yes," is the evidence written? Other Expenses. List below business expenses not included on lines 8-26 or line 30. Part V **Total other expenses.** Enter here and on page 1, line 27

Net Profit From Business

(Sole Proprietorship)

▶ Partnerships, joint ventures, etc., must file Form 1065 or 1065-B.

Attachment Sequence No. **09A**

Department of the Treasury Internal Revenue Service

(Form 1040)

SCHEDULE C-EZ

► Attach to Form 1040, 1040NR, or 1041. ► See instructions on back.

Social security number (SSN)

Name	of proprietor	Sc	ocial secur	ity number (SSN)
	Total Forms Filed = 4,027,891 Information tabulated with the Sch. C's		!		
Par	t I General Information				
Sche Inste Sche	less. Use the cash method of accounting. Did not have an inventory at any time during the year. Did not have a net loss from your business. Had only one business as either a	requiiation siness dedule find o deduces use have a activ	and Amo and Amo s. See the C, line 13 but if you ct expense of your I prior year	es for	2, or s
Α	Principal business or profession, including product or service	В	Enter code	e from pages C	;-8, <u>9, & 10</u>
С	Business name. If no separate business name, leave blank.	D	Employe	r ID number ((EIN), if an
E	Business address (including suite or room no.). Address not required if same as on page 1 of your tax	x retu			
_					
	City, town or post office, state, and ZIP code				
2	Gross receipts. Caution. If this income was reported to you on Form W-2 and the "Statutory employee" box on that form was checked, see Statutory Employees in the instructions for Schedule C, line 1, on page C-3 and check here	r on tory	2		
D	1041, line 3.)		3		
Par	t III Information on Your Vehicle. Complete this part only if you are claiming car	or t	ruck ex	Jenses on	. ime 2.
4	When did you place your vehicle in service for business purposes? (month, day, year) ▶ .		/	<u>'</u>	
5	Of the total number of miles you drove your vehicle during 2006, enter the number of mile	s you	used yo	our vehicle	for:
а	Business	her .			
6	Do you (or your spouse) have another vehicle available for personal use?			☐ Yes	□ No
7	Was your vehicle available for personal use during off-duty hours?			☐ Yes	□ No
8a	Do you have evidence to support your deduction?			☐ Yes	☐ No
b	If "Yes," is the evidence written?			Yes	□ No

Cat. No. 14374D

SCHEDULE D (Form 1040)

Capital Gains and Losses

▶ Use Schedule D-1 to list additional transactions for lines 1 and 8.

NUMBER OF RETURNS FILED FOR SELECTED LINES

OMB No. 1545-0074 Attachment Sequence No.

Department of the Treasury Internal Revenue Service Name(s) shown on return

> Total Schedules Filed = 22,743,370 Total sales reported with Form 1099 = 17,709,495

Your social security number

Pa	rt I Short-Term Capital Gains a	and Losses	-Assets	Helo	I One Year	or l	_ess	•	'	
	(a) Description of property (Example: 100 sh. XYZ Co.)			-7 of	S (f) Gain or (loss) Subtract (e) from (c					
1										
						<u> </u>				<u> </u>
										<u> </u>
2	Enter your short-term totals, if any, line 2			2					8,943,090	
3	Total short-term sales price amount column (d)			3	9,545,383					
4	Short-term gain from Form 6252 and s	hort-term gain	or (loss) 1	from F			•	4	325,396	
5	Net short-term gain or (loss) from p Schedule(s) K-1							5	1,085,160	
6	Short-term capital loss carryover. Enter Carryover Worksheet on page D-7 of	er the amount,	if any, for	rom li	ne 10 of you	ır Ca	pital Loss	6	(1,931,034)
7	Net short-term capital gain or (loss)	. Combine lines	s 1 throu	gh 6	in column (f)			7	10,526,587	
Pa	rt II Long-Term Capital Gains a	nd Losses—	Assets	Held	More Tha	n Or	ne Year	Shor	t term non-ded. lo	ss = *
	(a) Description of property (Example: 100 sh. XYZ Co.)	(b) Date acquired (Mo., day, yr.)	(c) Date (Mo., day		(d) Sales pr (see page D- the instruction	-6 of	(e) Cost or othe (see page D the instructi	0-7 of Cultivast (a) from (d		
8										
										
										<u> </u>
9	Enter your long-term totals, if any, line 9			9					13,852,146	
10	Total long-term sales price amounts column (d)			10	14,510,086					
11	(loss) from Forms 4684, 6781, and 8824								2,502,281	
12	Net long-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1									
13	Capital gain distributions. See page D		13	9,911,970						
14	Long-term capital loss carryover. Ente Carryover Worksheet on page D-7 of	the instruction	ns					14	(5,464,418)
15	Net long-term capital gain or (loss) Part III on the back	Combine line	s 8 thro		4 in column g term non-ded			15	19,928,020	
For	or Paperwork Reduction Act Notice, see Form 1040 or Form 1040NR instructions. Cat. No. 11338H Schedule D (Form 1040) 2006									

Page 2

Schedule D (Form 1040) 2006 NUMBER OF RETURNS FILED FOR SELECTED LINES

Part III

Summary

16	Combine lines 7 and 15 and enter the result. If line 16 is a loss, skip lines 17 through 20, and go to line 21. If a gain, enter the gain on Form 1040, line 13, or Form 1040NR, line 14. Then go to line 17 below	16	22,069,069	
17	Are lines 15 and 16 both gains? Yes. Go to line 18. No. Skip lines 18 through 21, and go to line 22.			
18	Enter the amount, if any, from line 7 of the 28% Rate Gain Worksheet on page D-8 of the instructions	18	239,228	
19	Enter the amount, if any, from line 18 of the Unrecaptured Section 1250 Gain Worksheet on page D-9 of the instructions	19	1,677,411	
20	Are lines 18 and 19 both zero or blank? ☐ Yes. Complete Form 1040 through line 43, or Form 1040NR through line 40. Then complete the Qualified Dividends and Capital Gain Tax Worksheet on page 38 of the Instructions for Form 1040 (or in the Instructions for Form 1040NR). Do not complete lines 21 and 22 below. ☐ No. Complete Form 1040 through line 43, or Form 1040NR through line 40. Then complete the Schedule D Tax Worksheet on page D-10 of the instructions. Do not complete lines 21 and 22 below.			
21	If line 16 is a loss, enter here and on Form 1040, line 13, or Form 1040NR, line 14, the smaller of:			
	 The loss on line 16 or (\$3,000), or if married filing separately, (\$1,500) 	21	(
	Note. When figuring which amount is smaller, treat both amounts as positive numbers.			
22	 Do you have qualified dividends on Form 1040, line 9b, or Form 1040NR, line 10b? Yes. Complete Form 1040 through line 43, or Form 1040NR through line 40. Then complete the Qualified Dividends and Capital Gain Tax Worksheet on page 38 of the Instructions for Form 1040 (or in the Instructions for Form 1040NR). No. Complete the rest of Form 1040 or Form 1040NR. 			

Schedule D (Form 1040) 2006

SCHEDULE E (Form 1040) NUMBER OF RETURNS FILED FOR SELECTED LINES

Supplemental Income and Loss

(From rental real estate, royalties, partnerships, S corporations, estates, trusts, REMICs, etc.)

Income or Loss From Rental Real Estate and Royalties Note. If you are in the business of renting personal property, use

OMB No. 1545-0074

2006
Attachment
Sequence No. 13

Department of the Treasury Internal Revenue Service (99 Name(s) shown on return

Total Forms Filed = 17,306,790

Your social security number

	Schedule C or C-EZ (see page	E-3). F	Report farm rent	al inco	ome or loss	from	Form	4835 on page	2, line	40.			
1	List the type and location of each re	ental	real estate pr	opert	ty:			ch rental real es				Ye	s No
Α	Number of RENTALS = 8,327,293	Rent	al properties =	14,38	30,603	ι	use it o	on line 1, did yo during the tax yo	ear for	perso	nal	A Yes	= 209,99
В	Number of ROYALTIES = 1,345,817	7 Rer	ntal properties	= 1,97	70,202	purposes for more than the greater of: 14 days or 10% of the total days rented at							
С							fair	rental value? age E-3.)	ayo 10	inou c	••	С	
Inc	ome:		A		Prop	ertie 3	es	С		(Ad	Totals mns A, B	and C.)	
3 4	Rents received	3	RENT		ROYAL	ΓY		-		3		730,159 505,751	
	penses:	•									-,-		1
-	Advertising	5											
6	Auto and travel (see page E-4).	6											
7	Cleaning and maintenance	7											
8	Commissions	8											
9	Insurance	9											
10	Legal and other professional fees	10											
11	Management fees	11											
12	Mortgage interest paid to banks, etc. (see page E-4)	12								12	5,0)25,689	
13	Other interest	13						648,300			-		
14	Repairs	14	4,868,744		1,484,2	89		652,917					
15	Supplies	15											
16	Taxes	16											
17	Utilities	17											
18	Other (list) ▶												
		18											
19	Add lines 5 through 18	19	8,555,917		781,69	8				19			
20	Depreciation expense or depletion (see page E-4)	20	7,110,556		561,24	6				20			
	Total expenses. Add lines 19 and 20	21											
22	Income or (loss) from rental real estate or royalty properties. Subtract line 21 from line 3 (rents) or line 4 (royalties). If the result is a (loss), see page E-5 to find out if you must file Form 6198 .	22	9,145,780		1,503,3	50							
23	Deductible rental real estate loss. Caution. Your rental real estate			uctible	e rental los			1,152,214					
	loss on line 22 may be limited. See page E-5 to find out if you must file Form 8582. Real estate professionals must complete line 43 on page 2	23			ss carryov			441,059)				
24				ot inc	lude anv l	0886	20		,	24	5.7	87,074	
2 4 25								 total losses her	'e	25		353,497)
	Total rental real estate and royalty in If Parts II, III, IV, and line 40 on page line 17, or Form 1040NR, line 18. Other	come 2 do	or (loss). Com not apply to yo	nbine ou, als	lines 24 an so enter th	d 25 is ar	. Ente	r the result here on Form 1040	€.	26		612,194	

Schedule E (Form 1040) 2006 Attachment Sequence No. 13 Name(s) shown on return. Do not enter name and social security number if shown on other side. Your social security number Caution. The IRS compares amounts reported on your tax return with amounts shown on Schedule(s) K-1. Part II Income or Loss From Partnerships and S Corporations Note. If you report a loss from an at-risk activity for which any amount is not at risk, you must check the box in column (e) on line 28 and attach Form 6198. See page E-1. Are you reporting any loss not allowed in a prior year due to the at-risk or basis limitations, a prior year unallowed loss from a passive activity (if that loss was not reported on Form 8582), or unreimbursed partnership expenses? ☐ Yes If you answered "Yes," see page E-6 before completing this section. Yes = 11,537,074 (c) Check if (b) Enter P for (d) Employer (e) Check if 28 (a) Name partnership; **S** for S corporation foreign partnership identification any amount is number not at risk Number of PARTNERSHIPS 5,529,355 8,613,557 Α All at risk В 334,171 C Number of S-CORPS 4.499.417 Some at risk D Passive Income and Loss Nonpassive Income and Loss (f) Passive loss allowed (g) Passive income (h) Nonpassive loss (i) Section 179 expense (i) Nonpassive income (attach Form 8582 if required) from Schedule K-1 from Schedule K-1 deduction from Form 4562 from Schedule K-1 **PARTNERSHIPS PARTNERSHIPS PARTNERSHIPS PARTNERSHIPS PARTNERSHIPS** Α В 1.092.468 1,736,522 1.323.699 420.763 1,698,745 S-CORPS S-CORPS S-CORPS S-CORPS S-CORPS C 211,345 1,466,852 1,155,453 2,546,355 553,667 D 2,171,517 4,028,972 29a Totals 1,232,833 1,548,154 2,642,141 **b** Totals 30 5,561,709 30 Add columns (g) and (j) of line 29a . 4,703,182 31 31 Add columns (f), (h), and (i) of line 29b. Total partnership and S corporation income or (loss). Combine lines 30 and 31. Enter the result here and include in the total on line 41 below. 32 7,619,301 **Income or Loss From Estates and Trusts** Part III (b) Employer (a) Name 33 identification number Α В **Passive Income and Loss** Nonpassive Income and Loss (c) Passive deduction or loss allowed (d) Passive income (e) Deduction or loss (f) Other income from (attach Form 8582 if required) from Schedule K-1 from Schedule K-1 Schedule K-1 <u>A</u> В 329,932 295,169 34a Totals 42,023 35,011 **b** Totals 35 559.355 35 Add columns (d) and (f) of line 34a . . . 73,243 36 Add columns (c) and (e) of line 34b Total estate and trust income or (loss). Combine lines 35 and 36. Enter the result here and 595.604 include in the total on line 41 below 37 Part IV Income or Loss From Real Estate Mortgage Investment Conduits (REMICs) Residual Holder (c) Excess inclusion from (b) Employer (d) Taxable income (net loss) (e) Income from 38 (a) Name Schedules Q, line 2c Schedules Q, line 3b identification number from Schedules Q. line 1b (see page E-7) 2,655 Combine columns (d) and (e) only. Enter the result here and include in the total on line 41 below 39 12,377 Part V Summary 588.698 40 Net farm rental income or (loss) from Form 4835. Also, complete line 42 below . 41 Total income or (loss). Combine lines 26, 32, 37, 39, and 40. Enter the result here and on Form 1040, line 17, or Form 1040NR, line 18 ▶ 41 15,624,588 Reconciliation of farming and fishing income. Enter your gross farming and fishing income reported on Form 4835, line 7; Schedule K-1 (Form 1065), box 14, code B; Schedule K-1 (Form 1120S), box 17, code T; and 765,694 42 Schedule K-1 (Form 1041), line 14, code F (see page E-7) Reconciliation for real estate professionals. If you were a real estate professional (see page E-1), enter the net income or (loss) you reported anywhere on Form 1040 or Form 1040NR from all rental real estate activities in which you materially participated under the passive activity loss rules 361,573

SCHEDULE EIC (Form 1040A or 1040) Earned Income Credit

Qualifying Child Information



OMB No. 1545-0074 Sequence No. 43

Department of the Treasury Internal Revenue Service Name(s) shown on return Complete and attach to Form 1040A or 1040 only if you have a qualifying child.

Your social security number

Total Schedules Filed = 18,231,508 See the instructions for Form 1040A, lines 40a and 40b, or Form 1040, lines 66a and

Filed Electronically = 15,121,420

Before you begin:

66b, to make sure that (a) you can take the EIC, and (b) you have a qualifying child.



- If you take the EIC even though you are not eligible, you may not be allowed to take the credit for up to 10 years. See back of schedule for details.
- It will take us longer to process your return and issue your refund if you do not fill in all lines that apply for each qualifying child.
- Be sure the child's name on line 1 and social security number (SSN) on line 2 agree with the child's social security card. Otherwise, at the time we process your return, we may reduce or disallow your EIC. If the name or SSN on the child's social security card is not correct, call the Social Security Administration at 1-800-772-1213.

Q	ualifying Child Information	Child 1	Child 2
1	Child's name If you have more than two qualifying children, you only have to list two to get the maximum credit.	First name Last name	First name Last name
2	Child's SSN The child must have an SSN as defined on page 43 of the Form 1040A instructions or page 49 of the Form 1040 instructions unless the child was born and died in 2006. If your child was born and died in 2006 and did not have an SSN, enter "Died" on this line and attach a copy of the child's birth certificate.	18,227,8	9,484,987
3	Child's year of birth	Year <u>18,164,560</u> If born after 1987, skip lines 40 and 4b; go to line 5.	Year 9,485,672 If born after 1987, skip lines 4a and 4b; go to line 5.
	If the child was born before 1988— Was the child under age 24 at the end of 2006 and a student?	= 878,376 Yes. No. <i>Go to line 5.</i> Continue.	= 409,212 Yes. No. Go to line 5. Continue.
b	Was the child permanently and totally disabled during any part of 2006?	= 346,501 Yes. No. Continue. The child is qualifying ch	
5	Child's relationship to you (for example, son, daughter, grandchild, niece, nephew, foster child, etc.)	18,214,866	9,477,018
6	Number of months child lived with you in the United States during 2006		
	• If the child lived with you for more than half of 2006 but less than 7 months, enter "7."	18,207,781	9,474,557
	• If the child was born or died in 2006 and your home was the child's home for the entire time he or she was alive during 2006, enter "12."	mon Do not enter more than 12 mont	



You may also be able to take the additional child tax credit if your child (a) was under age 17 at the end of 2006, and (b) is a U.S. citizen or resident alien. For more details, see the instructions for line 41 of Form 1040A or line 68 of Form 1040.

SCHEDULE F (Form 1040)

Department of the Treasury

NUMBER OF RETURNS FILED FOR SELECTED LINES
Profit or Loss From Farming

► Attach to Form 1040, Form 1040NR, Form 1041, Form 1065, or Form 1065-B.

OMB No. 1545-0074 Attachment

nterna	l Revenue Service (99)			See Instruc	tions fo	r Sch	edule F (F	Fori	m 1040).			Sec	quence No	. 14
Name	of proprietor			Total Forr	ns File	d = 1	,980,03	32		S	ocial se	curity nur	nber (SSI	۱)
A Pri	ncipal product. Describe			our principal crop o	•			•		В		code from	Part IV	
C A	accepting mothed	Op to			-					<u> </u>		yer ID nu	mbor (EIN	l) if ony
C AC	counting method:		(1)	Cash = $1,980,0$	32 (2)) 🗌	Accrual =	· 31,	,574			Ť.,	131,209	
E Die	d you "materially partic	pipate" in the	operati	on of this busines	s during	2006	? If "No,"	see	page F-2 for limit	t on p	assive	losses.	Yes	☐ No
												on = 1,9		
Par	t I Farm Income	-Cash M	ethod.	Complete Part	s I and	II (Ad	ccrual me	etho	od. Complete P	arts I	I and	III, and I	Part I, lii	ne 11.)
	Do not includ	e sales of li	ivestoc	k held for draft	, breed	ing, s	sport, or	dai	ry purposes. Re	port	these	sales o	n Form	4797.
1	Sales of livestock and	d other items	s you bo	ought for resale.			. 1		362,617					
2	Cost or other basis of	of livestock a	nd othe	r items reported	on line 1		. 2		282,836					
3	Subtract line 2 from I	line 1									3		,816	
4	Sales of livestock, pr	oduce, grain	s, and	other products yo	ou raised						4		60,632	
5a	Cooperative distribution	ns (Form(s) 1	099-PA	гR) . 5а	**456			4	5b Taxable amo	ount	5b		0,553	
6a	Agricultural program	payments (se	ee page	e F-3) , 6a	**738	,346			6b Taxable amo	ount	6b	**73	0,057	
7	Commodity Credit Co	orporation (C	CC) loa	ıns (see page F-3	3):									
а	CCC loans reported	under electio	n	1 1		·		٠.			7a		3,730	
b	· · · · · · · · · · ·				**2,0				7c Taxable amo	unt	7c	**2	171	
8	Crop insurance proce			1 1 1			e F-3):	1				**11	0.050	
	Amount received in 2				127,			╛	8b Taxable amo	ount	8b	11	8,059	
	If election to defer to						Amount o	defe	erred from 2005		8d	**20	2 427	
9	Custom hire (machine										9		6,437 7,004	
10	Other income, including	-	-					-	•		10	00	7,004	
11	Gross income. Add a the amount from Part									enter	11	1 73	8,364	
Par	t II Farm Expens			ccrual Method		• •	<u> </u>					1,70	0,004	
						ixes.	insuranc	ce. o	or repairs on yo	ur ho	ome.			
12	Car and truck expenses					25			· · · · · · · · · · · · · · · · · · ·					
12	F-4). Also attach Form 4		12	614,831		25			d profit-sharing		25	3,3	300	
13	Chemicals		13	493,534		26	•		e (see page F-5):	•		•		
14	Conservation expens								achinery, and					
	page F-4)	•	14	39,419		·	equipme				26a			
15	Custom hire (machine		15	549,152		k			animals, etc.)		26b			
16	Depreciation and se	,				27	•		maintenance .		27	1,37	4,764	
	expense deduction no					28	Seeds ar	ınd p	olants		28	649	,014	
	elsewhere (see page		16	1,529,845		29	Storage	and	I warehousing .		29			
17	Employee benefit progr	rams other				30	Supplies	3.			30		4,396	
	than on line 25		17	36,886		31	Taxes .				31	1,16	7,247	
18	Feed		18	1,118,505		32	Utilities				32			
19	Fertilizers and lime .		19	804,163	+	33	-		eeding, and medicin	е	33			
20	Freight and trucking.		20	1 226 004	+	34			ises (specify):					
21	Gasoline, fuel, and oi		21	1,236,004		a	1				34a			
22	Insurance (other than	n health)	22	1,087,952		b					34b			
23	Interest:		220	435,937		C					34c 34d			
	Mortgage (paid to ba		23a 23b	525,527	+	0					34a			
24	Other		24	412,547		1					34f			
 35	Total expenses. Add				Total of a			pen	ses = 1.711.878	3 🛌	35	1.93	5,124	
აა 36	Net farm profit or (los								ended Carryover (,	•	
	 If a profit, enter the 	profit on Forr	m 1040,	line 18, and also	on Sche		` '	1	= 9,73	,	36	1,95	8,273	
	If you file Form 1040						20 F 6	ſ		•	,	•		
37	 If a loss, you must g If you have a loss, you 						-	ivitv	(see nage F-6))				
J1	 If you checked 37a 										37a	All inve	stment is	at risk.
	If you file Form 104	40NR, enter	the loss	on Form 1040N	IR, line 1	19.	A		isk = 1,404,521	Ì		Some inv		
	 If you checked 37b 	o, you must a	attach I	Form 6198. Your	loss ma	y be l	limited.			J				

Schedule F (Form 1040) 2006

NUMBER OF RETURNS FILED FOR SELECTED LINES

Part III Farm Income—Accrual Method (see page F-7).

Do not include sales of livestock held for draft, breeding, sport, or dairy purposes. Report these sales on Form 4797 and do not include this livestock on line 46 below.

38	Sales of livestock, produce, grains, and other products	38	**1,260,632
00			
39a	Cooperative distributions (Form(s) 1099-PATR) . 39a **456,940 39b Taxable amount	39b	**450,553
40a	Agricultural program payments	40b	**730,057
41	Commodity Credit Corporation (CCC) loans:		
а	CCC loans reported under election	41a	**18,730
b	CCC loans forfeited	41c	**2,171
42	Crop insurance proceeds	42	**118,059
43	Custom hire (machine work) income	43	**206,437
44	Other income, including federal and state gasoline or fuel tax credit or refund	44	**657,004
45	Add amounts in the right column for lines 38 through 44	45	10,960
46	Inventory of livestock, produce, grains, and other products at beginning of the year		
47	Cost of livestock, produce, grains, and other products purchased during the year		
48	Add lines 46 and 47		
49	Inventory of livestock, produce, grains, and other products at end of year		
50	Cost of livestock, produce, grains, and other products sold. Subtract line 49 from line 48*	50	
51	Gross income. Subtract line 50 from line 45. Enter the result here and on Part I, line 11 ▶	51	11,821

*If you use the unit-livestock-price method or the farm-price method of valuing inventory and the amount on line 49 is larger than the amount on line 48, subtract line 48 from line 49. Enter the result on line 50. Add lines 45 and 50. Enter the total on line 51 and on Part I, line 11.

Part IV Principal Agricultural Activity Codes



File Schedule C (Form 1040) or Schedule C-EZ (Form 1040) instead of Schedule F if (a) your principal source of income is from providing

agricultural services such as soil preparation, veterinary, farm labor, horticultural, or management for a fee or on a contract basis, or **(b)** you are engaged in the business of breeding, raising, and caring for dogs, cats, or other pet animals.

These codes for the Principal Agricultural Activity classify farms by their primary activity to facilitate the administration of the Internal Revenue Code. These six-digit codes are based on the North American Industry Classification System (NAICS).

Select the code that best identifies your primary farming activity and enter the six digit number on page 1, line B.

Crop Production

111100 Oilseed and grain farming111210 Vegetable and melon farming

111300 Fruit and tree nut farming

111400 Greenhouse, nursery, and floriculture production

111900 Other crop farming

Animal Production

112111 Beef cattle ranching and farming

112112 Cattle feedlots

112120 Dairy cattle and milk production

112210 Hog and pig farming

112300 Poultry and egg production

112400 Sheep and goat farming

112510 Animal aquaculture

112900 Other animal production

Forestry and Logging

113000 Forestry and logging (including forest nurseries and timber tracts)

Page 2

NUMBER OF RETURNS FILED FOR SELECTED LINES

SCHEDULE J (Form 1040)

Department of the Treasury Internal Revenue Service

Income Averaging for Farmers and Fishermen

► Attach to Form 1040 or Form 1040NR.

► See Instructions for Schedule J (Form 1040).

OMB No. 1545-0074 Attachment Sequence No. 20

Name(s) shown on return Social security number (SSN) Total Forms Filed = 55,253 1 Enter the taxable income from your 2006 Form 1040, line 43, or Form 1040NR, line 40 . . . 50,177 2 2 Enter your elected farm income (see page J-1). Do not enter more than the amount on line 1 45,648 3 45,648 Figure the tax on the amount on line 3 using the **2006** tax rates (see page J-2) If you used Schedule J to figure your tax for: • 2005, enter the amount from your 2005 Schedule J, line 11. • 2004 but not 2005, enter the amount from your 2004 Schedule J, line 15. • 2003 but not 2004 nor 2005, enter the amount from your 2003 5 Schedule J, line 3. Otherwise, enter the taxable income from your 2003 Form 1040, line 40; Form 1040A, line 27; Form 1040EZ, line 6; or Form 1040NR, line 38. If zero or less, see page J-2. 6 Divide the amount on line 2 by 3.0 7 Combine lines 5 and 6. If zero or less, enter -0- 7 49,524 8 Figure the tax on the amount on line 7 using the 2003 tax rates (see page J-3) If you used Schedule J to figure your tax for: • 2005, enter the amount from your 2005 Schedule J, line 15. • 2004 but not 2005, enter the amount from your 2004 Schedule J. line 3. 9 Otherwise, enter the taxable income from your 2004 Form 1040, line 42; Form 1040A, line 27; Form 1040EZ, line 6; or Form 1040NR, line 39. If zero or less, see page J-5. 10 Enter the amount from line 6 11 Combine lines 9 and 10. If less than zero, enter as a negative amount 11 49,700 12 Figure the tax on the amount on line 11 using the 2004 tax rates (see page J-6) 12 If you used Schedule J to figure your tax for 2005, enter the amount from your 2005 Schedule J. line 3. Otherwise, enter the taxable income from your 2005 Form 1040, line 43; Form 1040A, line 27; Form 1040EZ, 13 line 6; or Form 1040NR, line 40. If zero or less, see page J-8 . . 14 Enter the amount from line 6 15 Combine lines 13 and 14. If less than zero, enter as a negative amount 15 49,801 16 Figure the tax on the amount on line 15 using the 2005 tax rates (see page J-8) 49,644 17 Add lines 4, 8, 12, and 16 17 If you used Schedule J to figure your tax for: • 2005, enter the amount from your 2005 Schedule J, line 12. • 2004 but not 2005, enter the amount from your 2004 Schedule J, line 16. 44.746 18 • 2003 but not 2004 nor 2005, enter the amount from your 2003 Schedule J, line 4. Otherwise, enter the tax from your 2003 Form 1040, line 41;* Form 1040A, line 28;* Form 1040EZ, line 10; or Form 1040NR, line 39.* If you used Schedule J to figure your tax for: • 2005, enter the amount from your 2005 Schedule J, line 16. • 2004 but not 2005, enter the amount from your 2004 19 43,454 Schedule J, line 4. Otherwise, enter the tax from your 2004 Form 1040, line 43;* Form 1040A, line 28;* Form 1040EZ, line 10; or Form 1040NR, line 40.* If you used Schedule J to figure your tax for 2005, enter the amount from your 2005 Schedule J, line 4. Otherwise, enter the tax from your 2005 Form 1040, 20 44,050 line 44;* Form 1040A, line 28;* Form 1040EZ, line 10; or Form 1040NR, line 41* *Do not include tax from Form 8814 or 4972 or from recapture of an education credit. Also, do not include alternative minimum tax from Form 1040A. 21 48,462 Tax. Subtract line 21 from line 17. Also include this amount on Form 1040, line 44 or Form 1040NR, line 41 22 Caution. Your tax may be less if you figure it using the 2006 Tax Table, Tax Computation Worksheet, Qualified Dividends and Capital Gain Tax Worksheet, Schedule D Tax Worksheet, or Foreign Earned Income Tax Worksheet. Attach Schedule J only if you are using it to figure your tax.

Schedule R (Form 1040)

NUMBER OF RETURNS FILED FOR SELECTED LINES Credit for the Elderly or the Disabled

OMB No. 1545-0074

Department of the Treasury Internal Revenue Service (99

► Attach to Form 1040.

► See Instructions for Schedule R (Form 1040).

Attachment Seguence No. 16

Name(s) shown on Form 1040

Total Schedules Filed = 213,828

Your social security number

You may be able to take this credit and reduce your tax if by the end of 2006:

• You were age 65 or older or

• You were under age 65, you retired on **permanent and total** disability, and you received taxable disability income.

But you must also meet other tests. See page R-1.

TIP I	

In most cases, the IRS can figure the credit for you. See page R-1.

Part I Check the Bo	x for Yo	ur Filing Status and Age	Filing status age indicator = 213,828	
If your filing status is:	Ar	nd by the end of 2006:	Check only	one box:
Single, Head of household, or Qualifying widow(er)	1 2	You were 65 or older You were under 65 and you retire	d on permanent and total disability 2	
	3	Both spouses were 65 or older		
	4		but only one spouse retired on	
Married filing jointly	5		both retired on permanent and total	
	6		the other spouse was under 65 and sability 6	
	7		the other spouse was under 65 and al disability	
Married filing	8	You were 65 or older and you live 2006	ed apart from your spouse for all of	
separately	9		permanent and total disability, and for all of 2006 9	
Did you check box 1, 3, 7,	Yes —	Skip Part II and complete P	art III on back.	
or 8?	No —	Complete Parts II and III.		
Part II Statement of	Perman	ent and Total Disability (Complete	only if you checked box 2, 4, 5, 6, or 9	above.)
		ement for this disability for 1983 o 1983 and your physician signed lir	or an earlier year, or you filed or got the B on the statement, and	a
2 Due to your continue in 2006, check this k		led condition, you were unable to e	ngage in any substantial gainful activity	[′] □
 If you checked this 	s box, yo	ou do not have to get another state	ement for 2006.	
 If you did not che keep the statemen 			the statement on page R-4. You must	:

Page 2

Schedule R (Form 1040) 2006

NUMBER OF RETURNS FILED FOR SELECTED LINES

Part III **Figure Your Credit** 10 If you checked (in Part I): **Enter:** 10 Did you check You must complete line 11. box 2, 4, 5, 6, No ___ Enter the amount from line 10 or 9 in Part I? on line 12 and go to line 13. 11 If you checked (in Part I): • Box 6, add \$5,000 to the taxable disability income of the spouse who was under age 65. Enter the total. • Box 2, 4, or 9, enter your taxable disability income. 11 • Box 5, add your taxable disability income to your spouse's taxable disability income. Enter the total. For more details on what to include on line 11, see page R-3. 12 If you completed line 11, enter the smaller of line 10 or line 11; all others, enter the 12 213,828 13 Enter the following pensions, annuities, or disability income that you (and your spouse if filing a joint return) received in 2006. a Nontaxable part of social security benefits and 13a 55.371 Nontaxable part of railroad retirement benefits treated as social security (see page R-3). **b** Nontaxable veterans' pensions and 13b Any other pension, annuity, or disability benefit that is excluded from income under any other provision of law (see page R-3). c Add lines 13a and 13b. (Even though these income items are not taxable, they **must** be included here to figure your credit.) If you did not receive any of the types of nontaxable income 55,371 13c listed on line 13a or 13b, enter -0- on line 13c **14** Enter the amount from Form 1040. 14 line 38 15 If you checked (in Part I): Enter: Box 1 or 2 \$7,500 15 Box 3, 4, 5, 6, or 7 . . . \$10,000 Box 8 or 9 \$5,000 J **16** Subtract line 15 from line 14. If zero or 141,883 less, enter -0- 141.883 **17** Enter one-half of line 16 . . 166,702 18 **18** Add lines 13c and 17 Subtract line 18 from line 12. If zero or less, **stop**; you **cannot** take the credit. Otherwise, 19 198,307 20 Multiply line 19 by 15% (.15) 21 Enter the amount from Form 1040, line 46 22 Add the amounts from Form 1040, lines 47 and 48, and enter 23 Subtract line 22 from line 21 Credit for the elderly or the disabled. Enter the smaller of line 20 or line 23 here and 24 98,261

SCHEDULE SE (Form 1040)

Department of the Treasury Internal Revenue Service

NUMBER OF RETURNS FILED FOR SELECTED LINES

Self-Employment Tax

Attach to Form 1040. ► See Instructions for Schedule SE (Form 1040).

Attachment Sequence No. 17

OMB No. 1545-0074

Name of person with self-employment income (as shown on Form 1040) Social security number of person with self-employment income ▶ Total Schedules Filed = 17,119,914

Who Must File Schedule SE

You must file Schedule SF if:

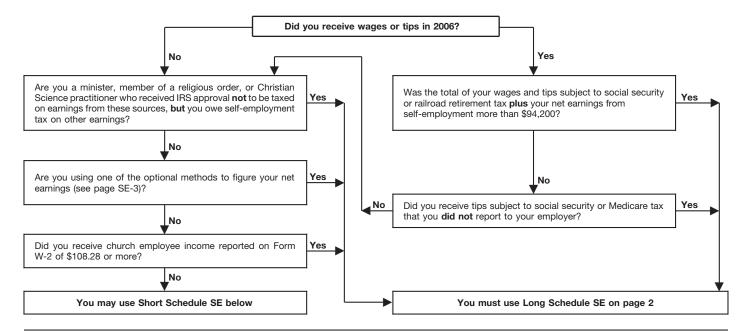
- You had net earnings from self-employment from other than church employee income (line 4 of Short Schedule SE or line 4c of Long Schedule SE) of \$400 or more, or
- You had church employee income of \$108.28 or more. Income from services you performed as a minister or a member of a religious order is not church employee income (see page SE-1).

Note. Even if you had a loss or a small amount of income from self-employment, it may be to your benefit to file Schedule SE and use either "optional method" in Part II of Long Schedule SE (see page SE-3).

Exception. If your only self-employment income was from earnings as a minister, member of a religious order, or Christian Science practitioner and you filed Form 4361 and received IRS approval not to be taxed on those earnings, do not file Schedule SE. Instead, write "Exempt-Form 4361" on Form 1040, line 58.

May I Use Short Schedule SE or Must I Use Long Schedule SE?

Note. Use this flowchart only if you must file Schedule SE. If unsure, see Who Must File Schedule SE, above.



Section A—Short Schedule SE. Caution. Read above to see if you can use Short Schedule SE.

1	Net farm profit or (loss) from Schedule F, line 36, and farm partnerships, Schedule K-1 (Form 1065), box 14, code A	1	650,651	
2	Net profit or (loss) from Schedule C, line 31; Schedule C-EZ, line 3; Schedule K-1 (Form 1065), box 14, code A (other than farming); and Schedule K-1 (Form 1065-B), box 9, code J1. Ministers and members of religious orders, see page SE-1 for amounts to report on this line. See page SE-3 for other income to report	2	16,705,779	
3	Combine lines 1 and 2	3		
4 5	Net earnings from self-employment. Multiply line 3 by 92.35% (.9235). If less than \$400, do not file this schedule; you do not owe self-employment tax	4	17,078,389	
	• \$94,200 or less, multiply line 4 by 15.3% (.153). Enter the result here and on Form 1040, line 58.	5	17,074,708	
	 More than \$94,200, multiply line 4 by 2.9% (.029). Then, add \$11,680.80 to the result. Enter the total here and on Form 1040, line 58. 			
6	Deduction for one-half of self-employment tax. Multiply line 5 by			
	50% (.5). Enter the result here and on Form 1040, line 27 6			

2006 ESTIMATED DATA LINE COUNTS - (ALL FIGURES ARE ESTIMATES BASED ON SAMPLES)					
NUMBER OF RETURNS FILED Schedule SE (Form 1040) 2006	FOR SELECTED LINES Attachment Sequence No. 17		Page 2		
Name of person with self-employment income (as shown on Form 1040)	Social security number of person with self-employment income ▶				
Section R—Long Schedule SE					

-Long Schedule SE

Part I	Self-Employment Tax	

Note. If your only income subject to self-employment tax is church employee income, skip lines 1 through 4b. Enter -0- on line 4c and go to line 5a. Income from services you performed as a minister or a member of a religious order is not church employee income. See page SE-1.

Α	If you are a minister, member of a religious order, or Christian Science practitioner and you filed had \$400 or more of other net earnings from self-employment, check here and continue with Par			
1	Net farm profit or (loss) from Schedule F, line 36, and farm partnerships, Schedule K-1 (Form 1065), box 14, code A. Note. Skip this line if you use the farm optional method (see page SE-4)	1	650,651	
2	Net profit or (loss) from Schedule C, line 31; Schedule C-EZ, line 3; Schedule K-1 (Form 1065), box 14, code A (other than farming); and Schedule K-1 (Form 1065-B), box 9, code J1. Ministers and members of religious orders, see page SE-1 for amounts to report on this line. See page SE-3 for other income to report. Note. Skip this line if you use the nonfarm optional method (see page SE-4)	2	16,705,779	
3	Combine lines 1 and 2	3		
	If line 3 is more than zero, multiply line 3 by 92.35% (.9235). Otherwise, enter amount from line 3	4a	17,078,389	
b	If you elect one or both of the optional methods, enter the total of lines 15 and 17 here	4b		
С	Combine lines 4a and 4b. If less than \$400, stop ; you do not owe self-employment tax. Exception . If less than \$400 and you had church employee income , enter -0- and continue	4c	17,053,273	
5a	Enter your church employee income from Form W-2. See page SE-1 for definition of church employee income			
b	Multiply line 5a by 92.35% (.9235). If less than \$100, enter -0	5b	47.074.700	
6	Net earnings from self-employment. Add lines 4c and 5b	6	17,074,708	
7	Maximum amount of combined wages and self-employment earnings subject to social security tax or the 6.2% portion of the 7.65% railroad retirement (tier 1) tax for 2006	7	94,200	00
8a b	Total social security wages and tips (total of boxes 3 and 7 on Form(s) W-2) and railroad retirement (tier 1) compensation. If \$94,200 or more, skip lines 8b through 10, and go to line 11			
С	Add lines 8a and 8b	8c	1,829,282	
9	Subtract line 8c from line 7. If zero or less, enter -0- here and on line 10 and go to line 11 . ▶	9		
10	Multiply the smaller of line 6 or line 9 by 12.4% (.124)	10	16,407,370	
11	Multiply line 6 by 2.9% (.029)	11	17,074,708	
12	Self-employment tax. Add lines 10 and 11. Enter here and on Form 1040, line 58	12	17,074,708	
13	Deduction for one-half of self-employment tax. Multiply line 12 by 50% (.5). Enter the result here and on Form 1040, line 27 13			
Par	Optional Methods To Figure Net Earnings (see page SE-3)			
	Optional Method. You may use this method only if (a) your gross farm income¹ was not more \$2,400, or (b) your net farm profits² were less than \$1,733.			
14	Maximum income for optional methods	14	1,600	00
15	Enter the smaller of: two-thirds (%) of gross farm income¹ (not less than zero) or \$1,600. Also include this amount on line 4b above	15	22,218	
than from	farm Optional Method. You may use this method only if (a) your net nonfarm profits³ were less \$1,733 and also less than 72.189% of your gross nonfarm income,⁴ and (b) you had net earnings self-employment of at least \$400 in 2 of the prior 3 years.			
Cau	tion. You may use this method no more than five times.	4.5		
16	Subtract line 15 from line 14	16		
17	Enter the smaller of: two-thirds (%) of gross nonfarm income (not less than zero) or the amount on line 16. Also include this amount on line 4b above	17	9,629	

¹From Sch. F, line 11, and Sch. K-1 (Form 1065), box 14, code B.

³ From Sch. C, line 31; Sch. C-EZ, line 3; Sch. K-1 (Form 1065), box 14, code A; and Sch. K-1 (Form 1065-B), box 9, code J1.

⁴From Sch. C, line 7; Sch. C-EZ, line 1; Sch. K-1 (Form 1065), box 14, code C; and Sch. K-1 (Form 1065-B), box 9, code J2.

²From Sch. F, line 36, and Sch. K-1 (Form 1065), box 14, code A.

NUMBER OF RETURNS FILED FOR SELECTED LINES

Employee Business Expenses

► See separate instructions.

Attach to Form 1040 or Form 1040ND

Occupation in which you incurred expenses

2006
Attachment
Sequence No. 54

OMB No. 1545-0074

Department of the Treasury Internal Revenue Service (99) Your name

Total Forms Filed = 8,664,367 Includes 4,210,735 Form 2106-EZ's

► Attach to Form 1040 or Form 1040NR.

Social security number

			Column A		Column B		
Ste	Step 1 Enter Your Expenses		Other Than Meals and Entertainment		Meals and Entertainment		
1	Vehicle expense from line 22 or line 29. (Rural mail carriers: See instructions.)		5,134,256				
2	Parking fees, tolls, and transportation, including train, bus, etc., that did not involve overnight travel or commuting to and from work		2,009,909				
3	Travel expense while away from home overnight, including lodging, airplane, car rental, etc. Do not include meals and entertainment	3	1,837,488				
4	Business expenses not included on lines 1 through 3. Do not include meals and entertainment	4	5,281,461				
5	Meals and entertainment expenses (see instructions)	5			3,000,920		
6	Total expenses. In Column A, add lines 1 through 4 and enter the result. In Column B, enter the amount from line 5	6	7,769,790				
Ste	Note: If you were not reimbursed for any expenses in Step 1, p 2 Enter Reimbursements Received From Your Employ						
7	Enter reimbursements received from your employer that were not reported to you in box 1 of Form W-2. Include any reimbursements reported under code "L" in box 12 of your Form W-2 (see instructions)		453,154		176,812		
Ste	p 3 Figure Expenses To Deduct on Schedule A (Form 1						
8	Subtract line 7 from line 6. If zero or less, enter -0 However, if line 7 is greater than line 6 in Column A, report the excess as income on Form 1040, line 7 (or on Form 1040NR, line 8)		7,758,560		2,981,519		
	Note: If both columns of line 8 are zero, you cannot deduct employee business expenses. Stop here and attach Form 2106 to your return.						
9	In Column A, enter the amount from line 8. In Column B, multiply line 8 by 50% (.50). (Employees subject to Department of Transportation (DOT) hours of service limits: Multiply meal expenses incurred while away from home on business by 75% (.75) instead of 50%. For details, see instructions.)				2,981,519		
10	Add the amounts on line 9 of both columns and enter the total he Schedule A (Form 1040), line 20 (or on Schedule A (Form 1040NR), performing artists, fee-basis state or local government officials, and See the instructions for special rules on where to enter the total)	, line 9). d indivic	(Reservists, qualified	k k	7 901 026		

Form 2106 (2006) NUMBER OF RETURNS FILED FOR SELECTED LINES

Page 2

Par	t II Vehicle Expenses									
	Section A—General Information (You must complete this section if you (a) Vehicle 1 (b) Vehicle 2									
	claiming vehicle expenses.)					44	, , ,		, ,	
11	Enter the date the vehicle was p					11 12	/ /	milaa	/ /	milaa
12	Total miles the vehicle was drive		•			13		miles miles		miles miles
13 14	Business miles included on line Percent of business use. Divide I					14		%		%
15	Average daily roundtrip commuti		•			15		miles		miles
16	Commuting miles included on lin	_				16		miles		miles
17	Other miles. Add lines 13 and 16					17		miles		miles
18	Do you (or your spouse) have an								Yes [No
19	Was your vehicle available for pe								. Yes	No
20	Do you have evidence to suppor	t your	deduction?	٠.					· 🗌 Yes [□ No
21	If "Yes," is the evidence written?									No
Sect	ion B—Standard Mileage Rate (See th	ne instructions fo	r Par	t II to find out w	hethe	er to complete to			<u>n C.)</u>
22	Multiply line 13 by 44.5¢ (.445)							22	4,381,687	
Sec	tion C—Actual Expenses	Т	(6	a) Ve	hicle 1			(b) Ve	ehicle 2	T
23	Gasoline, oil, repairs, vehicle	23								
04-	insurance, etc.	24a								
	Vehicle rentals	24b								
	Inclusion amount (see instructions) . Subtract line 24b from line 24a .	24c								T
25	Value of employer-provided vehicle (applies only if 100% of									
	annual lease value was included									
	on Form W-2—see instructions)	25								
26	Add lines 23, 24c, and 25	26								
27	Multiply line 26 by the									
	percentage on line 14	27								
28	Depreciation (see instructions) .	28								
29	Add lines 27 and 28. Enter total				490,775					
500	here and on line 1	29	l his section only if			lo and	ara completing	Conti	n C for the vel	niolo \
360	tion b—bepreciation of venicles	USE I			chicle 1	ie aliu			hicle 2	iicie.)
30	Enter cost or other basis (see			,						
30	instructions)	30								
31	Enter section 179 deduction									
٥.	(see instructions)	31								
32	Multiply line 30 by line 14 (see									
-	instructions if you claimed the									
	section 179 deduction or									
	special allowance)	32								
33	Enter depreciation method and	22								
	percentage (see instructions) .	33								T
34	Multiply line 32 by the percentage	34								
35	on line 33 (see instructions) Add lines 31 and 34	35								
36	Enter the applicable limit explained									
30	in the line 36 instructions	36								
37	Multiply line 36 by the									
٠.	percentage on line 14	37								
38	Enter the smaller of line 35									
	or line 37. If you skipped lines									
	36 and 37, enter the amount									
	from line 35. Also enter this amount on line 28 above .	20								
	amount on line 20 above .	38			1	1				

Form **2106-EZ**

NUMBER OF RETURNS FILED FOR SELECTED LINES

Unreimbursed Employee Business Expenses

Department of the Treasury
Internal Revenue Service (99)

Attach to Form 1040 or Form 1040NR.

2006
Attachment
Sequence No. 54A

our name	Occupation in which you incurred expenses	Social security number
Total Forms Filed = 4,210,735		

You May Use This Form Only if All of the Following Apply.

- You are an employee deducting ordinary and necessary expenses attributable to your job. An ordinary expense is one that is common and accepted in your field of trade, business, or profession. A necessary expense is one that is helpful and appropriate for your business. An expense does not have to be required to be considered necessary.
- You do not get reimbursed by your employer for any expenses (amounts your employer included in box 1 of your Form W-2 are not considered reimbursements for this purpose).
- If you are claiming vehicle expense, you are using the standard mileage rate for 2006.

Caution: You can use the standard mileage rate for 2006 only if: (a) you owned the vehicle and used the standard mileage rate for the first year you placed the vehicle in service, or (b) you leased the vehicle and used the standard mileage rate for the portion of the lease period after 1997.

Pai	rt I Figure Your Expenses	
1	Vehicle expense using the standard mileage rate. Complete Part II and multiply line 8a by 44.5¢ (.445)	1
2	Parking fees, tolls, and transportation, including train, bus, etc., that did not involve overnight travel or commuting to and from work	2
3	Travel expense while away from home overnight, including lodging, airplane, car rental, etc. Do not include meals and entertainment	3
4	Business expenses not included on lines 1 through 3. Do not include meals and entertainment	4
5	Meals and entertainment expenses: $\$$ \times 50% (.50) (Employees subject to Department of Transportation (DOT) hours of service limits: Multiply meal expenses incurred while away from home on business by 75% (.75) instead of 50%. For details, see instructions.)	5
6	Total expenses. Add lines 1 through 5. Enter here and on Schedule A (Form 1040), line 20 (or on Schedule A (Form 1040NR, line 9). (Armed Forces reservists, fee-basis state or local government officials, qualified performing artists, and individuals with disabilities: See the instructions for special rules on where to enter this amount.)	6
Pai	Information on Your Vehicle. Complete this part only if you are claiming vehicle.	cle expense on line 1.
7	When did you place your vehicle in service for business use? (month, day, year) ▶	/
8	Of the total number of miles you drove your vehicle during 2006, enter the number of miles you	u used your vehicle for:
	a Business b Commuting (see instructions) c C	Other
9	Do you (or your spouse) have another vehicle available for personal use?	🗆 Yes 🗆 No
10	Was your vehicle available for personal use during off-duty hours?	🗆 Yes 🗆 No
11a	Do you have evidence to support your deduction?	🗆 Yes 🗆 No
b	If "Yes," is the evidence written?	Yes . No

NUMBER OF RETURNS FILED FOR SELECTED LINES

	ORRECTED	(99)			
Name, address, and ZIP code of RIC or REIT	OMB No. 1545-0145	Notice to Shareholder o Long-Term Capit			
	2006	For calendar year 2006, or oth regulated investment compa real estate investment t	ıny (RIĆ) or the		
		beginning,	2006, and		
Total Forms Filed = 55,401	Form 2439	ending, 20			
Identification number of RIC or REIT	1a Total undistributed I	Comy			
	55,401		Copy A		
Shareholder's identifying number	1b Unrecaptured secti	Attach to Form 1120-RIC			
	6,869	6,869			
Shareholder's name, address, and ZIP code	1c Section 1202 gain	1d Collectibles (28%) gain	or Form 1120-REIT		
	0	*	For Instructions		
	2 Tax paid by the RIG	2 Tax paid by the RIC or REIT on the box 1a gains			
Form 2439	Cat. No. 11858E	Department of the Treasury	- Internal Revenue Service		

Cat. No. 11858E

^{*} Entry for this line is greater than zero, but too small to report

Form

2006 ESTIMATED DATA LINE COUNTS - (ALL FIGURES ARE ESTIMATES BASED ON SAMPLES)

NUMBER OF RETURNS FILED FOR SELECTED LINES

Child and Dependent Care Expenses

▶ Attach to Form 1040 or Form 1040NR.

See separate instructions.

OMB No. 1545-0074 Attachment Sequence No. 21

Department of the Treasury Internal Revenue Service (99) Name(s) shown on return

Total Forms Filed = 7,269,042

Your social security number

Before you begin: You need to understand the following terms. See Definitions on page 1 of the instructions. Qualifying Person(s) Qualified Expenses Dependent Care Benefits Persons or Organizations Who Provided the Care—You must complete this part. Part I (If you need more space, use the bottom of page 2.) (c) Identifying number (SSN or EIN) (a) Care provider's (b) Address (d) Amount paid 1 (number, street, apt. no., city, state, and ZIP code) name (see instructions) 7,210,946 Complete only Part II below. Did you receive dependent care benefits?

Caution. If the care was provided in your home, you may owe employment taxes. See the instructions for Form 1040, line 62, or Form 1040NR line 57

2	Information about your q	ualifying person(s).	If you have more than t	wo qualifying per	sons, see	the instructions.	
	(a) Qu First	alifying person's name	Last	(b) Qualifying person security numb		(c) Qualified expe incurred and paid in a person listed in co	2006 for the
				7,1	50,560	7,083,401	
				2,4	144,723	2,411,942	
3	Add the amounts in column person or \$6,000 for two				om	0.045.500	
					. 3	6,815,786	
4	Enter your earned incom				I	7,071,684	
5	If married filing jointly, er or was disabled, see the		, ,		. 5	4,265,045	
6	Enter the smallest of line	**			. 6	6,774,236	
7	Enter the amount from I	Form 1040, line 38,	or Form				
8	1040NR, line 36 Enter on line 8 the decim		7	amount on line 7			
•	1040NR, line 36 Enter on line 8 the decim		elow that applies to the				
-	1040NR, line 36 Enter on line 8 the decim If line 7 is: But not	nal amount shown be	elow that applies to the lift line 7 is: But not	. Decimal			
-	1040NR, line 36 Enter on line 8 the decim If line 7 is: But not Over over	nal amount shown be Decimal amount is	elow that applies to the lift line 7 is: Over over	Decimal amount is			
-	1040NR, line 36 Enter on line 8 the decim If line 7 is: But not over \$0—15,000	Decimal amount is	elow that applies to the lift line 7 is: Second Column	Decimal amount is	8	7,139,304	×.
-	1040NR, line 36 Enter on line 8 the decim If line 7 is: Part	Decimal amount is .35 .34 .33 .32	elow that applies to the lift line 7 is: Second	Decimal amount is .27 .26 .25 .24		7,139,304	×
-	1040NR, line 36 Enter on line 8 the decim If line 7 is:	Decimal amount is .35 .34 .33 .32 .31	elow that applies to the lift line 7 is: Second	Decimal amount is .27 .26 .25 .24 .23		7,139,304	×.
•	1040NR, line 36 Enter on line 8 the decim If line 7 is:	Decimal amount is .35 .34 .33 .32 .31 .30	elow that applies to the lift line 7 is: Second	Decimal amount is .27 .26 .25 .24 .23 .22		7,139,304	×
-	1040NR, line 36 Enter on line 8 the decim If line 7 is:	Decimal amount is .35 .34 .33 .32 .31 .30 .29	elow that applies to the lift line 7 is: Second	.27 .26 .25 .24 .23 .22 .21		7,139,304	×.
-	1040NR, line 36 Enter on line 8 the decim If line 7 is:	Decimal amount is .35 .34 .33 .32 .31 .30	elow that applies to the lift line 7 is: Second	.27 .26 .25 .24 .23 .22 .21		7,139,304	×.
-	1040NR, line 36 Enter on line 8 the decim If line 7 is:	Decimal amount is .35 .34 .33 .32 .31 .30 .29 .28 cimal amount on line	elow that applies to the lift line 7 is: Second	.27 .26 .25 .24 .23 .22 .21	8	7,139,304 6,773,609	×.
9	1040NR, line 36 Enter on line 8 the deciment of line 7 is: But not over \$0—15,000 15,000—17,000 17,000—19,000 19,000—21,000 21,000—23,000 23,000—25,000 25,000—27,000 27,000—29,000 Multiply line 6 by the de	Decimal amount is .35 .34 .33 .32 .31 .30 .29 .28 cimal amount on line	elow that applies to the lif line 7 is: Substitute	27 .26 .25 .24 .23 .22 .21 .20	8 See 9		×.
8	1040NR, line 36 Enter on line 8 the deciment of line 7 is: But not over \$0—15,000 15,000—17,000 17,000—19,000 19,000—21,000 21,000—23,000 23,000—25,000 25,000—27,000 27,000—29,000 Multiply line 6 by the dethe instructions	Decimal amount is .35 .34 .33 .32 .31 .30 .29 .28 cimal amount on line corm 1040, line 46, n	elow that applies to the lift line 7 is: Selow that applies to the lift line 7 is: Selow that applies the lift line 7 is: Se	27 .26 .25 .24 .23 .22 .21 .20	8 See 9		×.

Complete Part III on the back next.

Form 2441 (2006)

NUMBER OF RETURNS FILED FOR SELECTED LINES

Page 2

Pa	rt III Dependent Care Benefits			
12	Enter the total amount of dependent care benefits you received in 2006. Amounts you received as an employee should be shown in box 10 of your Form(s) W-2. Do not include amounts reported as wages in box 1 of Form(s) W-2. If you were self-employed or a partner, include amounts you received under a dependent care assistance program from your sole proprietorship or partnership	12	1,057,526	
13	Enter the amount, if any, you carried over from 2005 and used in 2006 during the grace period. See instructions	13	6,178	
14	Enter the amount, if any, you forfeited or carried forward to 2007. See instructions	14	(71,685)
15	Combine lines 12 through 14. See instructions	15		
16	Enter the total amount of qualified expenses incurred in 2006 for the care of the qualifying person(s)			
17	Enter the smaller of line 15 or 16	_		
18	Enter your earned income. See instructions	_		
19	Enter the amount shown below that applies to you. If married filing jointly, enter your spouse's earned income (if your spouse was a student or was disabled, see the instructions for line 5). If married filing separately, see the instructions for the amount to enter. All others, enter the amount from line 18.			
20	Enter the smallest of line 17, 18, or 19 20			
21	Enter the amount from line 12 that you received from your sole proprietorship or partnership. If you did not receive any such amounts, enter -0-	21	14,281	
22	Subtract line 21 from line 15			
23	Enter \$5,000 (\$2,500 if married filing separately and you were required to enter your spouse's earned income on line 19)	23		
24	Deductible benefits. Enter the smallest of line 20, 21, or 23. Also, include this amount	04	6,877	
05	on the appropriate line(s) of your return. See instructions	24	0,077	
25 26	Enter the amount from line 24	-		
27	Excluded benefits. Subtract line 26 from line 25. If zero or less, enter -0-	27	796,180	
28	Taxable benefits. Subtract line 27 from line 22. If zero or less, enter -0 Also, include this amount on Form 1040, line 7, or Form 1040NR, line 8. On the dotted line next to Form 1040, line 7, or Form 1040NR, line 8, enter "DCB"	28	290,198	
	To claim the child and dependent care credit, complete lines 29–33 below.			
29	Enter \$3,000 (\$6,000 if two or more qualifying persons)	29		
30	Add lines 24 and 27	30	802,753	
31	Subtract line 30 from line 29. If zero or less, stop. You cannot take the credit. Exception. If you paid 2005 expenses in 2006, see the instructions for line 9	31		
32	Complete line 2 on the front of this form. Do not include in column (c) any benefits shown	32		
33	on line 30 above. Then, add the amounts in column (c) and enter the total here Enter the smaller of line 31 or 32. Also, enter this amount on line 3 on the front of this form and complete lines 4–11	33	6,815,786	

NUMBER OF RETURNS FILED FOR SELECTED LINES

Investment Credit

Form **3400** (Rev. December 2006)
Department of the Treasury
Internal Revenue Service (99)

► Attach to your tax return. See instructions.

OMB No. 1545-0155

Attachment Sequence No. **52**

lame	e(s) shown on return	l lo	dentifying number	
	Total Forms Filed = 35,590			
1	Rehabilitation credit (see instructions for requirements that must be met):			
а	Check this box if you are electing under section 47(d)(5) to take your qualified rehabilitation			
	expenditures into account for the tax year in which paid (or, for self-rehabilitated property,			
	when capitalized). See instructions. Note: This election applies to the current tax year and to			
	all later tax years. You may not revoke this election without IRS consent			
b	Enter the date on which the 24- or			
	60-month measuring period begins/ and ends/			
С	Enter the adjusted basis of the building as of the beginning date above			
اہ	(or the first day of your holding period, if later)			
u	Enter the amount of the qualified rehabilitation expenditures incurred, or treated as incurred, during the period on line 1b above \$			
	Enter the amount of qualified rehabilitation expenditures and multiply by the percentage shown:			
е	Pre-1936 buildings located in the Gulf Opportunity Zone .\$	1e	*	
f	Other pre-1936 buildings $\qquad \qquad \qquad$	1f	3,443	
g	Certified historic structures located in the Gulf Opportunity Zone . \$	1g	*	
h	Other certified historic structures	1h	4,604	
	For properties identified on lines 1g or 1h, complete lines 1i and 1j			
i	Enter the assigned NPS project number or the pass-through entity's			
	employer identification number (see instructions)			
j	Enter the date that the NPS approved the Request for Certification of			
	Completed Work (see instructions)	1k	*	
	Rehabilitation credit from an electing large partnership (Schedule K-1 (Form 1065-B), box 9)	IK		
2	67			
а	Basis of property using geothermal energy placed in service during the tax year (see instructions) \$			
h	Basis of property using solar illumination or solar energy placed in service			
	during the tax year (see instructions) \$			
	Qualified fuel cell property (see instructions):			
С	Basis of property installed during the tax			
	year \$ × 30% (.30)			
d	Kilowatt capacity of property in c			
	above ▶×\$1,000			
е	Enter the lesser of line 2c or 2d			
_	Qualified microturbine property (see instructions):			
f	Basis of property installed during the tax vear \$ \times 10\% (10) 2f			
~	year \$ × 10% (.10)			
g	above ▶×\$200			
h	Enter the lesser of line 2f or 2g			
	Total. Add lines 2a, 2b, 2e, and 2h	2i	2,538	
3	Qualifying advanced coal project credit (see instructions):			
а	Basis of qualified investment in integrated gasification combined cycle property			
	placed in service during the tax year \$			
b	Basis of qualified investment in property other than in a above placed			
	in service during the tax year ▶ \$	0.5	21,354	
	Total. Add lines 3a and 3b	3с	Z1,35 4	
4	Qualifying gasification project credit (see instructions). Basis of qualified investment in property	4	2,300	
5	placed in service during the tax year	5	*	
6	Add lines 1e through 1h, 1k, 2i, 3c, 4, and 5. Report this amount on the applicable line of			
	Form 3800 (e.g., line 1a of the 2006 Form 3800) . Nondeductible investment credit = 422	6	35,171	

3800

NUMBER OF RETURNS FILED FOR SELECTED LINES

General Business Credit

► See separate instructions.

► Attach to your tax return.

OMB No. 1545–0895

2006

Attachment
Sequence No. 22

Department of the Treasury Internal Revenue Service (99) Name(s) shown on return

Total Forms Filed = 587,378

Identifying number

Part I Current Year Credit

Important: You may not be required to complete and file a separate credit form (shown in parentheses below) to claim the credit. For details, see **What's New** in the instructions.

1a	Investment credit (attach Form 3468)	1a	35,171	
b	Work opportunity credit (Form 5884)	1b	41,433	
С	Welfare-to-work credit (Form 8861)	1c	6,772	
d	Credit for increasing research activities (Form 6765)	1d	39,122	
е	Low-income housing credit (Form 8586) (enter EIN if claiming this credit from a pass-through			
	entity:)	1e	79,145	
f	Enhanced oil recovery credit only from partnerships and S corporations (see instructions)	1f	2,516	
q	Disabled access credit (Form 8826) (do not enter more than \$5,000)	1g	10,182	
h	Renewable electricity production credit (Form 8835, Section A only)	1h	1,853	
i	Indian employment credit (Form 8845)	1i	3,713	
i	Credit for employer social security and Medicare taxes paid on certain employee tips (Form 8846)	1j	69,531	
k	Orphan drug credit (Form 8820)	1k	551	
- 1	New markets credit (Form 8874) (enter EIN if claiming this credit from a pass-through entity:			
		11	941	
m	Credit for small employer pension plan startup costs (Form 8881) (do not enter more than \$500)	1m	4,580	
	Credit for employer-provided child care facilities and services (Form 8882) (enter EIN if claiming			
	this credit from a pass-through entity:)	1n	10,685	
0	Qualified railroad track maintenance credit (Form 8900)	10	392	
р	Biodiesel and renewable diesel fuels credit (attach Form 8864)	1p	2,619	
q	Low sulfur diesel fuel production credit (Form 8896)	1q	1,354	
r	Distilled spirits credit (Form 8906)	1r	140	
s	Nonconventional source fuel credit (Form 8907)	1s	16,517	
t	Energy efficient home credit (Form 8908)	1t	3,078	
u	Energy efficient appliance credit (Form 8909)	1u	*	
v	Alternative motor vehicle credit (Form 8910)	1v	**	
w	Alternative fuel vehicle refueling property credit (Form 8911)	1w	286	
x	Credit for contributions to selected community development corporations (Form 8847)	1x	120	
V	Mine rescue team training credit (Form 8923)	1y	*	
z	General credits from an electing large partnership (Schedule K-1 (Form 1065-B))	1z	1,968	
aa	Credits for employers affected by Hurricane Katrina, Rita, or Wilma (Form 5884-A)	1aa	6,767	
2	Add lines 1a through 1aa	2	455,017	
	The mass of the second			
3	Passive activity credits included on line 2 (see instructions)	3	138,871	
_	· · · · · · · · · · · · · · · · · · ·			
4	Subtract line 3 from line 2	4	326,062	
5	Passive activity credits allowed for 2006 (see instructions)	5	116,159	
-	,			
6	Carryforward of general business credit to 2006. See instructions for the schedule to attach	6	211,173	
-	, 5			
7	Carryback of general business credit from 2007 (see instructions)	7		
-	2, 2			
8	Current year credit. Add lines 4 through 7	8	556,142	
For F	Panerwork Reduction Act Notice see senarate instructions Cat No. 12392F		Form 3800 (3	2006)

For Paperwork Reduction Act Notice, see separate instructions.

Cat. No. 12392F

Form **3800** (2006)

^{*} Entry for this line is greater than zero, but too small to report

^{**} Data Not Available

Form 3800 (2006)

NUMBER OF RETURNS FILED FOR SELECTED LINES

Part II **Allowable Credit** Regular tax before credits: Individuals. Enter the amount from Form 1040, line 44 or Form 1040NR, line 41. 9 Corporations. Enter the amount from Form 1120, Schedule J, line 2; Form 1120-A, Part I, line 1; or the applicable line of your return • Estates and trusts. Enter the sum of the amounts from Form 1041, Schedule G, lines 1a and 1b, or the amount from the applicable line of your return Alternative minimum tax: • Individuals. Enter the amount from Form 6251, line 35 135,732 10 • Corporations. Enter the amount from Form 4626, line 14 • Estates and trusts. Enter the amount from Form 1041, Schedule I, line 56. 11 Add lines 9 and 10 . 12a **12a** Foreign tax credit **b** Credits from Form 1040, lines 48 through 54 (or Form 1040NR, lines 12b 45 through 49) 12c c Qualified electric vehicle credit (Form 8834, line 20) d Non-business alternative motor vehicle credit (Form 8910, 12d e Non-business alternative fuel vehicle refueling property credit 12e (Form 8911, line 19) 12f f Add lines 12a through 12e Net income tax. Subtract line 12f from line 11. If zero, skip lines 14 through 17 and enter -0- on 539,747 13 537,614 14 14 Net regular tax. Subtract line 12f from line 9. If zero or less, enter -0-Enter 25% (.25) of the excess, if any, of line 14 over \$25,000 (see 15 221,671 15 Tentative minimum tax: • Individuals. Enter the amount from Form 6251, line 33 16 443.063 • Corporations. Enter the amount from Form 4626, line 12 Estates and trusts. Enter the amount from Form 1041. Schedule I, line 54 17 Enter the greater of line 15 or line 16 18 Subtract line 17 from line 13. If zero or less, enter -0-Credit allowed for the current year. Enter the smaller of line 8 or line 18. Individuals, estates, 19 and trusts: See the instructions for line 19 if claiming the research credit. C corporations: See the line 19 instructions if there has been an ownership change, acquisition, or reorganization. Report the amount from line 19 (if smaller than line 8, see instructions) as indicated below or on the applicable line of your return: • Individuals. Form 1040, line 55 or Form 1040NR, line 50

Corporations. Form 1120, Schedule J, line 5c; or Form 1120-A, Part I, line 2

• Estates and trusts. Form 1041, Schedule G, line 2c

386.681

19

Page 2

3903

NUMBER OF RETURNS FILED FOR SELECTED LINES

Moving Expenses

▶ Attach to Form 1040 or Form 1040NR.

OMB No. 1545-0074

Your social security number

Sequence No. 62

Department of the Treasury Internal Revenue Service Name(s) shown on return

Total Forms Filed = 1,100,438

/ See the Distance Test and Time Test in the instructions to find out if you can deduct your moving

Before you begin: expenses. See **Members of the Armed Forces** on the back, if applicable. 971,169 1 Transportation and storage of household goods and personal effects (see instructions) . . . Travel (including lodging) from your old home to your new home (see instructions). **Do not** include 858,721 2 the cost of meals 1.089.890 3 Add lines 1 and 2 Enter the total amount your employer paid you for the expenses listed on lines 1 and 2 that is not included in box 1 of your Form W-2 (wages). This amount should be shown in 148,344 box 12 of your Form W-2 with code P 4 Is line 3 more than line 4? ✓ No. You cannot deduct your moving expenses. If line 3 is less than line 4, subtract line 3 from line 4 and include the result on Form 1040, line 7, or Form 1040NR, line 8. Yes. Subtract line 4 from line 3. Enter the result here and on Form 1040, line 26, or Form 1040NR, line 26. This is your moving expense deduction 1,049,547 5

General Instructions What's New

For 2006, the standard mileage rate for using your vehicle to move to a new home is 18 cents a mile.

Purpose of Form

Use Form 3903 to figure your moving expense deduction for a move related to the start of work at a new principal place of work (workplace). If the new workplace is outside the United States or its possessions, you must be a U.S. citizen or resident alien to deduct your expenses.

If you qualify to deduct expenses for more than one move, use a separate Form 3903 for each move.

For more details, see Pub. 521, Moving Expenses.

Moving Expenses You Can **Deduct**

You can deduct the reasonable expenses of moving your household goods and personal effects and of traveling from your old home to your new home. Reasonable expenses can include the cost of lodging (but not meals) while traveling to your new home. You cannot deduct the cost of sightseeing trips.

Who Can Deduct Moving **Expenses**

If you move to a new home because of a new principal workplace, you may be able to deduct your moving expenses whether you are self-employed or an employee. But you must meet both the distance test and time test that follow.



Members of the Armed Forces may not have to meet the distance test and time test. See instructions on the back.

Distance Test

Your new principal workplace must be at least 50 miles farther from your old home than your old workplace was. For example, if your old workplace was 3 miles from your old home, your new workplace must be at least 53 miles from that home. If you did not have an old workplace, your new workplace must be at least 50 miles from your old home. The distance between the two points is the shortest of the more commonly traveled routes between them.



To see if you meet the distance test, you can use the worksheet below.

Distance Test Worksheet

Keep a Copy for Your Records

|--|

1.	Number of miles from your old home to your new workplace	miles
2.	Number of miles from your old home to your old workplace	niles
3.	Subtract line 2 from line 1. If zero or less, enter -0	miles
	Is line 3 at least 50 miles? Yes. You meet this test. No. You do not meet this test. You cannot deduct your moving expenses. Do not complete Form 3903.	

NUMBER OF RETURNS FILED FOR SELECTED LINES

Credit for Federal Tax Paid on Fuels

See the separate instructions.

Attach this form to your income tax return.

OMB No. 1545-0162 Attachment Sequence No. 23

Department of the Treasury Internal Revenue Service

Name (as shown on your income tax return) Data on this form reflects only form 1040 filers, not business or fiduciary filers

Taxpayer identification number Total Forms Filed = 318,754

Caution. Claimant has the name and address of the person who sold the fuel to the claimant and the dates of purchase. For claims on lines 1c and 2b (type of use 13 and 14), 3d, 4c, 5, and 9, claimant has not waived the right to make the claim. For claims on lines 1c and 2b (type of use 13 and 14), claimant certifies that a certificate has not been provided to the credit card issuer.

Nontaxable Use of Gasoline

		(a) Type of use	(b) Rate	(c) Gallons	(d) Amount of credit		(e) CRN
а	Off-highway business use		\$.183)	\$		
b	Use on a farm for farming purposes		.183	}			362
С	Other nontaxable use (see Caution above line 1)		.183	J	282,903		
d	Exported		.184		4,474		411

Nontaxable Use of Aviation Gasoline

		(a) Type of use	(b) Rate	(c) Gallons	(d) Amount of credit		(e) CRN
а	Use in commercial aviation (other than foreign trade)		\$.15		\$ 885		354
b	Other nontaxable use (see Caution above line 1)		.193		1,135		324
С	Exported		.194		*		412

Nontaxable Use of Undyed Diesel Fuel

Claimant certifies that the diesel fuel did not contain visible evidence of dye. Exception. If any of the diesel fuel included in this claim did contain visible evidence of dye, attach an explanation and check here (d) Amount of credit (e) CRN (a) Type of use (b) Rate (c) Gallons 46,469 Nontaxable use \$ \$.243 360 Use on a farm for farming purposes .243 Use in trains .22 353 Use in certain intercity and local buses (see Caution 350 above line 1) .17 777 Exported 413 е

Nontaxable Use of Undyed Kerosene (Other Than Kerosene Used in Aviation)

	Claimant certifies that the kerosene did not contain visible evidence of dye. Exception. If any of the kerosene included in this claim did contain visible evidence of dye, attach an explanation and check here						
		(a) Type of use	(b) Rate	(c) Gallons	(d) Amount of ci	redit	(e) CRN
а	Nontaxable use		\$.243	Ì	\$ 12,182		346
b	Use on a farm for farming purposes		.243	<u> </u>			340
С	Use in certain intercity and local buses (see Caution above line 1)		.17		*		347
d	Exported		.244		*		414

Kerosene Used in Commercial Aviation (Other Than Foreign Trade)

		(b) Rate	(c) Gallons	d) Amount of credit		(e) CRN
а	Kerosene taxed at \$.244 (see Caution above line 1)	\$.200		\$ 329		417
b	Kerosene taxed at \$.219 (see Caution above line 1)	.175		327		355

For Paperwork Reduction Act Notice, see the separate instructions.

Cat. No. 12625R

Form **4136** (2006)

^{*} Entry for this line is greater than zero, but too small to report

NUMBER OF RETURNS FILED FOR SELECTED LINES

Page 2

6 Sales by Registered Ultimate Vendors of Undyed Diesel Fuel

Registration No. ▶

Claimant certifies that it sold the diesel fuel at a tax-excluded price, repaid the amount of tax to the buyer, or has obtained the written consent of the buyer to make the claim. Claimant certifies that the diesel fuel did not contain visible evidence of dye.

Exception. If any of the diesel fuel included in this claim did contain visible evidence of dye, attach an explanation and check here . . . ▶

		(b) Rate	(c) Gallons	(d) Amount of c	(e) CRN	
а	Use by a state or local government	\$.243		\$ *		360
b	Use in certain intercity and local buses	.17		0		350

7 Sales by Registered Ultimate Vendors of Undyed Kerosene (Other Than Kerosene For Use in Aviation)

Registration No. ▶

Claimant certifies that it sold the kerosene at a tax-excluded price, repaid the amount of tax to the buyer, or has obtained the written consent of the buyer to make the claim. Claimant certifies that the kerosene did not contain visible evidence of dye.

Exception. If any of the kerosene included in this claim **did** contain visible evidence of dye, attach an explanation and check here.

		(b) Rate	(c) Gallons	(d) Amount of credit		(e) CRN
а	Use by a state or local government	\$.243)	\$		0.40
b	Sales from a blocked pump	.243	<u></u>	*		346
С	Use in certain intercity and local buses	.17		0		347

8 Sales by Registered Ultimate Vendors of Kerosene For Use in Aviation

Registration No. ▶

Claimant sold the kerosene for use in aviation at a tax-excluded price and has not collected the amount of tax from the buyer, repaid the amount of tax to the buyer, or has obtained the written consent of the buyer to make the claim. See the instructions for additional information to be submitted.

		(a) Type of use	(b) Rate	(c) Gallons	(d) Amount of credit		(e) CRN
а	Use in commercial aviation (other than foreign trade) taxed at \$.219		\$.175		\$		355
b	Use in commercial aviation (other than foreign trade) taxed at \$.244		.200		*		417
С	Nonexempt use in noncommercial aviation		.025		*		418
d	Other nontaxable uses taxed at \$.244		.243		*		346
е	Other nontaxable uses taxed at \$.219		.218		0		369

9 Nontaxable Use of Kerosene Used in Noncommercial Aviation

		(a) Type of use (b) Rate (c) Gallons		(c) Gallons	(d) Amount of credit		(e) CRN
а	Nontaxable use (other than state) taxed at \$.244 (see Caution above line 1)		\$.243		\$ 0		346
b	Nontaxable use (other than state) taxed at \$.219 (see Caution above line 1)		.218		0		369

10 Reserved for future use

NUMBER OF RETURNS FILED FOR SELECTED LINES

11 Nontaxable Use of Liquefied Petroleum Gas (LPG) (before October 1, 2006)

		(a) Type of use	(b) Rate	(c) Gallons	(d) Amount of credit		(e) CRN
а	Use in certain intercity and local buses		\$.062		\$ 0		352
b	Use in qualified local buses or school buses		.136		0		361
С	Other nontaxable use		.136		*		395

12 Alcohol Fuel Mixture Credit

Registration No. ▶

Page 3

Claimant produced an alcohol fuel mixture by mixing taxable fuel with alcohol. The alcohol fuel mixture was sold by the claimant to any person for use as a fuel or was used as a fuel by the claimant.

	(b) Rate	(c) Gallons of alcohol	f (d) Amount of credit		(e) CRN
a Alcohol fuel mixtures containing ethanol	\$.51		\$ 0		393
b Alcohol fuel mixtures containing alcohol (other than ethanol)	.60		*		394

13 Biodiesel or Renewable Diesel Mixture Credit

Registration No. ▶

Claimant produced a mixture by mixing diesel fuel with biodiesel or renewable diesel. The biodiesel used to produce the biodiesel mixture must meet ASTM D6751 and be registered with the EPA as a fuel and fuel additive under section 211 of the Clean Air Act. The mixture was sold by the claimant to any person for use as fuel or was used as a fuel by the claimant. Claimant has a certificate from the producer or importer of the biodiesel which identifies the percentage of biodiesel and agri-biodiesel in the product, and has no reason to believe the information is false. See the instructions for line 13 to see if you must attach the certificate.

		(b) Rate	(c) Gallons of biodiesel or renewable diesel	(d) Amount of credit		(e) CRN
а	Biodiesel (other than agri-biodiesel) mixtures	\$.50		\$ *		388
b	Agri-biodiesel mixtures	1.00		0		390
С	Renewable diesel mixtures	1.00		*		307

14 Nontaxable Use of Alternative Fuel (after September 30, 2006)

Caution. There is a reduced credit rate for use in certain intercity and local buses (type of use 5). See page 4 in the Instructions for Form 4136 for the credit rate.

		(a) Type of use	(b) Rate	(c) Gallons or gasoline gallon equivalents (GGE)	(d) Amount of c	redit	(e) CRN
а	Liquefied petroleum gas (LPG)		\$.183		\$ *		419
b	"P Series" fuels		.183		0		420
С	Compressed natural gas (CNG) (GGE = 126.67 cu. ft.)		.183		*		421
d	Liquefied hydrogen		.183		*		422
е	Any liquid fuel derived from coal (including peat) through the Fischer-Tropsch process		.243		0		423
f	Liquid hydrocarbons derived from biomass		.243		0		424
g	Liquefied natural gas (LNG)		.243		0		425

15 Alternative Fuel Credit and Alternative Fuel Mixture Credit (after September 30, 2006)

Registration No. ▶

		(b) Rate	(c) Gallons or gasoline gallon equivalents (GGE)	(d) Amount of c	edit	(e) CRN
а	Liquefied petroleum gas (LPG)	\$.50		\$ 30		426
b	"P Series" fuels	.50		*		427
С	Compressed natural gas (CNG) (GGE = 121 cu. ft.)	.50		*		428
d	Liquefied hydrogen	.50		*		429
е	Any liquid fuel derived from coal (including peat) through the Fischer-Tropsch process	.50		0		430
f	Liquid hydrocarbons derived from biomass	.50		0		431
g	Liquefied natural gas (LNG)	.50		0		432

Page 4

16 Registered Credit Card Issuers

Form 4136 (2006)

Registration No. ▶

	(b) Rate	(c) Gallons	(d) Amount of credit		(e) CRN
a Diesel fuel sold for the exclusive use of a state or local government	\$.243		\$ 0		360
b Kerosene sold for the exclusive use of a state or local government	.243		0		346
c Kerosene for use in aviation sold for the exclusive use of a state or local government	.218		0		369

17 Nontaxable Use of a Diesel-Water Fuel Emulsion

Caution. There is a reduced credit rate for use in certain intercity and local buses (type of use 5). See page 4 in the Instructions for Form 4136 for the credit rate.								
	(a) Type of use	(b) Rate	(c) Gallons	(d) Amount of c	redit	(e) CRN		
a Nontaxable use		\$.197		\$ *		309		
b Exported		.198		0		306		

18 Diesel-Water Fuel Emulsion Blending

Registration No. ▶

	(b) Rate	(c) Gallons	(d) Amount of credit		(e) CRN
Blender credit	\$.046		\$ 0		310

19 Exported Dyed Fuels

		(b) Rate	(c) Gallons	;	(d) Amount of c	redit	(e) CRN
а	Exported dyed diesel fuel	\$.001		9	\$ 0		415
b	Exported dyed kerosene	.001			*		416
20	Total income tax credit claimed. Add lines 1 through 19, column (Form 1040, line 70 (also check box b on line 70); Form 1120, line 32f 28f(2); Form 1120S, line 23c; Form 1041, line 24h; or the proper line	(2); Form 112	20-A, line	0 9	\$ 318,754		

^{*} Entry for this line is greater than zero, but too small to report

Form **4136** (2006)

4562

Department of the Treasury

Internal Revenue Service

Depreciation and Amortization

(Including Information on Listed Property)

 OMB No. 1545-0172

206
Attachment
Sequence No. 67

Name(s) shown on return

Total Forms Filed = 12.020,625

Business or activity to which this form relates

Identifying number

Part I Election To Expense Certain Property Under Section 179 Note: If you have any listed property, complete Part V before you complete Part I. \$108.000 1 Maximum amount. See the instructions for a higher limit for certain businesses. 2 2 3,157,889 Total cost of section 179 property placed in service (see instructions) . 3 \$430,000 3 Threshold cost of section 179 property before reduction in limitation 4 4 Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing 4,970,686 separately, see instructions (a) Description of property (b) Cost (business use only) 6 446,613 Listed property. Enter the amount from line 29 7 4,686,927 Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7. 8 8 4.686.627 Tentative deduction. Enter the **smaller** of line 5 or line 8. 9 9 10 170,197 Carryover of disallowed deduction from line 13 of your 2005 Form 4562 . . . 10 4,778,251 11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instructions) 11 Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11 4,641,591 13 Carryover of disallowed deduction to 2007. Add lines 9 and 10, less line 12 ▶ 13 Note: Do not use Part II or Part III below for listed property. Instead, use Part V. Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property.) (See instructions.) Special allowance for qualified New York Liberty or Gulf Opportunity Zone property (other than listed 39,265 14 property) placed in service during the tax year (see instructions) 819 Property subject to section 168(f)(1) election 15 15 904,164 Other depreciation (including ACRS) 16 Part III MACRS Depreciation (Do not include listed property.) (See instructions.) Section A 5.868.487 17 17 MACRS deductions for assets placed in service in tax years beginning before 2006 If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here Boxes Checked = 9,260 ► Section B—Assets Placed in Service During 2006 Tax Year Using the General Depreciation System (c) Basis for depreciation (b) Month and (d) Recovery (a) Classification of property year placed in (business/investment use (e) Convention (f) Method (g) Depreciation deduction service only-see instructions) 19a 192,635 3-year property 192,941 b 5-year property 1,778,817 1,778,366 7-year property 1.464.827 1,464,000 C d 10-year property 204,344 204,343 15-year property 296,328 297,663 87,871 f 20-year property 87,871 g 25-year property 8,734 25 yrs. S/L 8,734 1,297,723 27.5 yrs. MM S/L 1.293.271 h Residential rental 3,177 27.5 yrs. ММ S/L undetermined type property undetermined type 3,177 702,947 39 yrs. ММ S/L 693,117 Nonresidential real Total GDS cost 4,650,168 ММ S/L 4,639,432 Total GDS cost property Section C—Assets Placed in Service During 2006 Tax Year Using the Alternative Depreciation System 30,122 30.119 20a Class life S/L b 12-year 3,456 12 yrs. S/L 3,456 c 40-year 9,428 40 yrs. S/L 9,428 ММ Total ADS Deduction = 39,644 Part IV Summary (see instructions) Total ADS Cost = 39,647 21 2,721,306 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations—see instr. 11.874.441 For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs 23

NUMBER OF RETURNS FILED FOR SELECTED LINES

Page 2

Part V Listed Property (Include automobiles, certain other vehicles, cellular telephones, certain computers, and property used for entertainment, recreation, or amusement.)

Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete **only** 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

Sec	tion A—Depre	ciation and O	ther Inforr	nation	(Cautio	on: See	the ins	structio	ns for lin	nits for	passe	nger au	itomobil	es.)	
24a	Do you have evid	lence to support t	the business/	investme	nt use c	laimed?	☐ Yes	□ No	24b If	"Yes,"	is the e	vidence	written?	☐ Ye	s 🗌 No
Тур	(a) pe of property (list vehicles first)	(b) Date placed in service	(c) Business/ investment use percentage		(d) t or othe basis		(e) sis for de usiness/in use o	vestment		/ Me	(g) thod/ vention		(h) reciation duction	Ele secti	(i) ected ion 179 cost
25	Special allowance year and used mo														
26	Property used														
			%												
			%												
07	Duanantu	 500/ av lass	%												
27	Property used	50% or less i	in a qualifie	1	ness us	se:				S/L -					
			%							5/L -					
			%				2,784,	784		S/L -					
28	Add amounts										28		21,306		
29	Add amounts	in column (i), l									<u></u>		. 29	440	6,613
If you	nplete this secti u provided vehicles	to your employee	s used by a es, first answe	a sole per the que	oropriet estions in	tor, par Section	tner, or C to see	other"i	eet an exc	n 5% eption t	o comple	eting this	section fo	or those	
30	Total business/ during the year (miles)	do not include co	ommuting		a) icle 1		(b) icle 2		(c) icle 3		d) cle 4		(e) icle 5	Vehi	f) cle 6
31	Total commuting														
32	Total other permites driven .														
33	Total miles driv		ear. Add												
34	Was the vehicl use during off-	duty hours? .		Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
35	Was the vehice more than 5% of	owner or related	person?												
36			<u> </u>			\	<u> </u>	<u></u>			<u> </u>	<u> </u>			
	wer these ques		nine if you	meet a	n exce	ption to								yees w	vho are
37	more than 5% Do you mainta			•			person	al use	of vehicle	es, incl	uding	commu	iting,	Yes	No
38	by your emplo Do you maintain	a written policy	statement tl	hat proh	ibits per	sonal us	se of veh	icles, ex		muting,	by you	r employ			
	See the instruct		-							S.					
39	Do you treat a			-	-										
40	Do you provide the use of the Do you meet the	vehicles, and	retain the	inform	ation re	eceived	?								
41	Note: If your a											hicles.			
Pa		tization	,, 00, 10, 0.				<u> </u>				,, , , , , , ,				
	(a) Description	of costs	Date am	b) ortization gins		Amo	(c) rtizable lount		(d) Cod secti	de	Amor	e) tization od or entage		(f) rtization this year	for
42	Amortization of	f costs that beg	gins during	your 20	06 tax	year (se	e instru	ctions):			1 20100	90			
								ĺ							
							,053							0= 0= :	
43 44	Amortization of Total. Add am		•	-		-						43		05,293 99,079	
77	i utai. Auu all	TOUTILS ITT COIUI	1111 (1). 366	THE IIIS	uctioi	101 CI	viicie ((, ichall				44	/ ?	JJ,U/Y	

Form **4684**

Department of the Treasury Internal Revenue Service NUMBER OF RETURNS FILED FOR SELECTED LINES

Casualties and Thefts

► See separate instructions.

► Attach to your tax return.

Attach to your tax return.

OMB No. 1545-0177

206

Attachment Sequence No. 26

Name(s) shown on tax return

▶ Use a separate Form 4684 for each casualty or theft.

Identifying number

Total Forms Filed = 306,241	
SECTION A—Personal Use Property (Use this section to report casualties and thefts of property	perty not used in a trade

	or business or for income-produc	ing p	ourposes.)							
1	Description of properties (show type, location, and d from the same casualty or theft.	ate ac	quired for each p	orop	perty). Use a s	eparat	e line for e	each pro	perty lost or d	amageo
	Property A									
	Property B									
	Property C									
	Property D									
						Duan	autic a			
					В	Prop	erties	<u> </u>	D	
			A		В				<u>_</u>	
2	Cost or other basis of each property	2								
3	Insurance or other reimbursement (whether or not	3								
	you filed a claim) (see instructions)	3								
	Note: If line 2 is more than line 3, skip line 4.									
4	Gain from casualty or theft. If line 3 is more than line 2, enter the difference here and skip lines 5 through 9									
	for that column. See instructions if line 3 includes in-									
	surance or other reimbursement you did not claim, or	4	1							
	you received payment for your loss in a later tax year.	-								
5	Fair market value before casualty or theft	5								
5	rail market value before casualty of their									
6	Fair market value after casualty or theft	6								
U	Tall market value arter casualty of their									
7	Subtract line 6 from line 5	7								
'	Subtract line o from line 3									
8	Enter the smaller of line 2 or line 7	8								
9	Subtract line 3 from line 8. If zero or less,									
·	enter -0	9								
10	Casualty or theft loss. Add the amounts on line 9 in o	columr	ns A through D					10		
11	Enter the smaller of line 10 or \$100. But if the loss a 24, 2005; Hurricane Rita disaster area after September October 22, 2005, and was caused by that particular	er 22,	2005; or Hurricar	ne '	Wilma disaster	area	after	11		
12	Subtract line 11 from line 10							. 12		
	Caution: Use only one Form 4684 for lines 13 throug									
13	Add the amounts on line 12 of all Forms 4684							13		
14								. 14		
15	• If line 14 is more than line 13, enter the difference complete the rest of this section (see instructions).	here a	and on Schedule	D.	Do not			15	2,855	
	• If line 14 is less than line 13, enter -0- here and go	to lin	e 16.		(•		
	• If line 14 is equal to line 13, enter -0- here. Do not	comp	olete the rest of t	his	section.					
16	If line 14 is less than line 13, enter the difference.							16	230,315	
17	Add the amounts on line 12 of all Forms 4684 on wh	ich yo	u entered -0- on	line	e 11			. 17	107,679	
18	Is line 17 less than line 16?									
	No. Stop. Enter the amount from line 16 on Scheduline 8. Estates and trusts, enter the amount from I	,	,,	,		`	,,			
	Yes. Subtract line 17 from line 16.							18		
19	Enter 10% of your adjusted gross income from Form	1040,	line 38, or Form	10	40NR, line 36.	Estat	es and			
	trusts, see instructions							. 19		
20	Subtract line 19 from line 18. If zero or less, enter -0-	٠.						20		
21	Add lines 17 and 20. Also enter the result on Schedu		•							
	line 8. Estates and trusts, enter the result on the "Oth	ner de	ductions" line of	yοι	ır tax return			. 21		

NUMBER OF RETURNS FILED FOR SELECTED LINES

Form 4684 (2006) Attachment Sequence No. 26 Page 2

Name(s) shown on tax return. Do not enter name and identifying number if shown on other side.

Identifying number

	CTION B—Business and Income-Producin									
Pa	rt I Casualty or Theft Gain or Loss (Use						,			
22	Description of properties (show type, location, and daged from the same casualty or theft.	ate ac	quired for each p	prop	erty). Use a s	eparat	e line for eacl	h prope	erty lost or da	ım-
	Property A									
	Property B									
	Property C									
	Property D					Drop	erties			
			A		В	FIOP	C		D	
		23								
23	Cost or adjusted basis of each property	20								
24	Insurance or other reimbursement (whether or not you filed a claim). See the instructions for line 3. Note: If line 23 is more than line 24, skip line 25.	24								
25	Gain from casualty or theft. If line 24 is more than line 23, enter the difference here and on line 32 or line 37, column (c), except as provided in the instructions for line 36. Also, skip lines 26 through 30 for that column. See the instructions for line 4 if line 24 includes insurance or other reimbursement you did not claim, or you received payment for your loss in a later tax year.	25								
00		26								+
26 27	Fair market value before casualty or theft	27						+		
27 28	Fair market value after casualty or theft Subtract line 27 from line 26	28								
29	Enter the smaller of line 23 or line 28	29								
29	Note: If the property was totally destroyed by casualty or lost from theft, enter on line 29 the amount from line 23.									
30	Subtract line 24 from line 29. If zero or less, enter -0-	30								
31	Casualty or theft loss. Add the amounts on line 30. Ent					•		31		
Pa	rt II Summary of Gains and Losses (from	n sep	arate Parts I)		` '		asualties or the		(c) Gains fr	
	(a) Identify casualty or theft				(i) Trade, busi rental or roy property	alty '	(ii) Incom producing employee pro	and	casualties or includible in ir	
	Casualty or The	tt of	Property He	ld (Jne Year o			1 ,		1
32					()	,)		
				00	())		
33	Totals. Add the amounts on line 32			33	(+ '		
34	Combine line 33, columns (b)(i) and (c). Enter the net of							24	29,276	
35	is not otherwise required, see instructions Enter the amount from line 33, column (b)(ii) here. Indi on Schedule A (Form 1040), line 27, or Schedule A (Foused as an employee on Schedule A (Form 1040), line 27.	viduals orm 10 ne 22,	s, enter the amou 040NR), line 16, a	unt fr and (rom income-p enter the amo	roduci unt fro	ng property m property	34	29,270	
	trusts, partnerships, and S corporations, see instructions. Casualty or Theft		roperty Held	L M/4	oro Than ()no V	oor	35		
					o.o man C	, 110 I	Jui	36	3,132	
36	Casualty or theft gains from Form 4797, line 32 .				 I		 I	30	5,102	
37					()	(1		
20	Total laccos, Add amounts on line 27, columns (In/I)	and /k	Vii)	38	(40,162)	\	1		
38 39	Total losses. Add amounts on line 37, columns (b)(i) a Total gains. Add lines 36 and 37, column (c)	•	·)(II)		,		1.1	39	8,206	
40	Add amounts on line 38, columns (b)(i) and (b)(ii)							40	43,953	
41 a	If the loss on line 40 is more than the gain on line 39 Combine line 38, column (b)(i) and line 39, and enter the net g and S corporations, see the note below. All others, enter the required, see instructions): ain or (l	loss) here. Partners	ships	(except electing	 g large _l 797 is r 	partnerships) not otherwise	41a	38,662	
b	Enter the amount from line 38, column (b)(ii) here. Indi on Schedule A (Form 1040), line 27, or Schedule A (Foused as an employee on Schedule A (Form 1040), line trusts, enter on the "Other deductions" line of your tarend S corporations, see the note below. Electing large	orm 10 ne 22 ax retu	040NR), line 16, a or Schedule A (I rn. Partnerships	and e Form (exc	enter the amo 1 1040NR), lin ept electing la	unt fro e 11. I arge pa	m property Estates and artnerships)	41b	7,300	
42	If the loss on line 40 is less than or equal to the gain on (except electing large partnerships), see the note below.	ine 39	, combine lines 3	9 and	d 40 and enter	here. F	artnerships	42	6,737	
	Note: Partnerships, enter the amount from line 41a, 4 S corporations, enter the amount from line 41a						11.			

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2006 ESTIMATED DATA LINE COUNTS - (ALL FIGURES ARE ESTIMATES BASED ON SAMPLES)

Department of the Treasury

NUMBER OF RETURNS FILED FOR SELECTED LINES

Sales of Business Property

(Also Involuntary Conversions and Recapture Amounts Under Sections 179 and 280F(b)(2))

►Attach to your tax return. ►See separate instructions.

OMB No. 1545-0184

Attachment Sequence No. 27

Internal Revenue Service Name(s) shown on return Identifying number Total Forms Filed = 3.133.256

Enter the gross proceeds from sales or exchanges reported to you for 2006 on Form(s) 1099-B or 1099-S (or substitute statement) that you are including on line 2, 10, or 20 (see instructions). 243,326 Sales or Exchanges of Property Used in a Trade or Business and Involuntary Conversions From Other Than Casualty or Theft—Most Property Held More Than 1 Year (see instructions) (e) Depreciation (f) Cost or other (a) Gain or (loss) (a) Description (b) Date acquired (c) Date sold (d) Gross allowed or basis, plus Subtract (f) from the of property (mo., day, yr.) (mo., day, yr.) sales price allowable since improvements and sum of (d) and (e) acquisition expense of sale 2 1,956,266 6,489 3 Gain, if any, from Form 4684, line 42 3 318,334 4 Section 1231 gain from installment sales from Form 6252, line 26 or 37 . 5 14.322 5 Section 1231 gain or (loss) from like-kind exchanges from Form 8824 6 628,976 Gain, if any, from line 32, from other than casualty or theft 6 2.676.532 Combine lines 2 through 6. Enter the gain or (loss) here and on the appropriate line as follows: . Partnerships (except electing large partnerships) and S corporations. Report the gain or (loss) following the instructions for Form 1065, Schedule K, line 10, or Form 1120S, Schedule K, line 9. Skip lines 8, 9, 11, and 12 below. Individuals, partners, S corporation shareholders, and all others. If line 7 is zero or a loss, enter the amount from line 7 on line 11 below and skip lines 8 and 9. If line 7 is a gain and you did not have any prior year section 1231 losses, or they were recaptured in an earlier year, enter the gain from line 7 as a long-term capital gain on the Schedule D filed with your return and skip lines 8, 9, 11, and 12 below. Nonrecaptured net section 1231 losses from prior years (see instructions) 184,418 8 Subtract line 8 from line 7. If zero or less, enter -0-. If line 9 is zero, enter the gain from line 7 on line 12 below. If line 9 is more than zero, enter the amount from line 8 on line 12 below and enter the gain from line 9 as a 110,278 a long-term capital gain on the Schedule D filed with your return (see instructions). Ordinary Gains and Losses (see instructions) Ordinary gains and losses not included on lines 11 through 16 (include property held 1 year or less): 399,964 770,366 11 Loss, if any, from line 7. 11 12 184,418 12 Gain, if any, from line 7 or amount from line 8, if applicable . 571,901 13 Gain, if any, from line 31 13 20,319 14 14 Net gain or (loss) from Form 4684, lines 34 and 41a . . . 3,040 15 Ordinary gain from installment sales from Form 6252, line 25 or 36 15 5,214 16 16 Ordinary gain or (loss) from like-kind exchanges from Form 8824 . 1,719,745 For all except individual returns, enter the amount from line 17 on the appropriate line of your return and skip lines a and b below. For individual returns, complete lines a and b below: If the loss on line 11 includes a loss from Form 4684, line 38, column (b)(ii), enter that part of the loss here. Enter the part of the loss from income-producing property on Schedule A (Form 1040), line 27, and the part of the loss from property used as an employee on Schedule A (Form 1040), line 22. Identify as from "Form 4797, line 18a Redetermine the gain or (loss) on line 17 excluding the loss, if any, on line 18a. Enter here and on Form 1040,

For Paperwork Reduction Act Notice, see separate instructions.

Cat. No. 13086I

Form 4797 (2006)

1,719,605

18b

Page 2

19	(a) Description of section 1245, 1250, 1252, 1254, or 1255 pr	onert.				(b) Date acc		(c) Date sold
	(a) Description of Section 1245, 1250, 1252, 1254, or 1255 pr	operty.				(mo., day,	yr.)	(mo., day, yr.)
A								
B								
D								
	These columns relate to the properties on lines 19A through 19D). ▶	Property A	Property	/ B	Property	C	Property D
20	Gross sales price (Note: See line 1 before completing.)	20						
21	Cost or other basis plus expense of sale	21						
22	Depreciation (or depletion) allowed or allowable	22						
23	Adjusted basis. Subtract line 22 from line 21	23						
24	Total gain. Subtract line 23 from line 20	24						
25	If section 1245 property:							
а	Depreciation allowed or allowable from line 22	25a						
b	Enter the smaller of line 24 or 25a	25b	547,931					
26	If section 1250 property: If straight line depreciation was used, enter -0- on line 26g, except for a corporation subject to section 291.							
а	Additional depreciation after 1975 (see instructions)	26a						
b	Applicable percentage multiplied by the smaller of line 24 or line 26a (see instructions)	26b						
С	Subtract line 26a from line 24. If residential rental property or line 24 is not more than line 26a, skip lines 26d and 26e	26c						
d	Additional depreciation after 1969 and before 1976	26d						
е	Enter the smaller of line 26c or 26d	26e						
f	Section 291 amount (corporations only)	26f						
g	Add lines 26b, 26e, and 26f	26g	25,729					
27	If section 1252 property: Skip this section if you did not dispose of farmland or if this form is being completed for a partnership (other than an electing large partnership).							
а	Soil, water, and land clearing expenses	27a						
b	Line 27a multiplied by applicable percentage (see instructions)	27b						
С	Enter the smaller of line 24 or 27b	27c	*					
28	If section 1254 property:							
а	Intangible drilling and development costs, expenditures for development of mines and other natural deposits, and							
L	mining exploration costs (see instructions)	28a	2.001					
	Enter the smaller of line 24 or 28a	28b	2,991					
29	If section 1255 property:							
а	Applicable percentage of payments excluded from income under section 126 (see instructions)	29a						
b	Enter the smaller of line 24 or 29a (see instructions)	29b	*					
	nmary of Part III Gains. Complete property columns		ough D throug	h line 29b	befo	re going to	line	30.
								000.005
30	Total gains for all properties. Add property columns A through	n D, line	24				30	980,205
31	Add property columns A through D, lines 25b, 26g, 27c, 28b,	and 29	b. Enter here an	d on line 13			31	571,859
32	Subtract line 31 from line 30. Enter the portion from casualty of other than casualty or theft on Form 4797, line 6						32	630,451
Pa	Recapture Amounts Under Sections 179 (see instructions)	and 2	80F(b)(2) Wh	en Busine	ess l	Ise Drops	to 5	i0% or Less
						(a) Secti 179	on	(b) Section 280F(b)(2)
33	Section 179 expense deduction or depreciation allowable in p	orior ve	ars		33			
	Recomputed depreciation (see instructions)	, 5			34			

Form **4797** (2006)

NUMBER OF RETURNS FILED FOR SELECTED LINES

Farm Rental Income and Expenses

(Crop and Livestock Shares (Not Cash) Received by Landowner (or Sub-Lessor))

Depar	tment of the Treasury al Revenue Service	▶ ∧+	tach to	Income not su Form 1040 or Foi	-	to self-employ	/ment tax) See instructions on ∣	hack	Atta	achment quence No	. 37
	(s) shown on tax return	- A	tacii t	7 1 01111 10-10 01 1 01	111 10	HOINT.	see manuchons on		al security n		J. 01
									<u> </u>	(min i)	
		To	tal Fo	rms Filed = 635,	521			Employer	ID number	(EIN), if a	iny
Δ Γ	Did you actively par			<u>.</u>		a 2006 (see in	estructions)?	Y = 505.	.119	Yes	□No
Pai	TI Gross Fari	m Rental Inc	ome-	-Based on Prod	lucti	on. Include a	mounts converted	I to cash	or the ed	quivaler	nt.
1	Income from prod	luction of lives	stock,	produce, grains, a				1	315,8	368	
2a	Cooperative distrib	, ,	,	′ I _ I		,470	2b Taxable amount	2b	200		
3a	Agricultural prograr			,		2,530	∃ Sb Taxable amount	3b	338,1	162	
4	Commodity Credi		. ,	•	ction	s):		4a	2,90	17	
	CCC loans reporte		tion .			*		4c	2,00	,,	
5	Crop insurance pr		 ederal		/men	ts (see instruc					
-	Amount received					799	5b Taxable amount	5b	35,9	44	
	If election to defer		-		5	d Amount de		5d			
6	Other income, incl	uding federal	and sta	ate gasoline or fue	l tax	credit or refun	d (see instructions)	6	272,5	563	
7							rough 6. Enter the		F04 /	105	
	total here and on	Schedule E (F	orm 1	040), line 42			<u></u> ▶	7	591,4	105	
Par	t II Expenses	—Farm Rent	al Pro	perty. Do not in	clud	e personal or	living expenses.				
8	Car and truck exp	enses (see				21 Pension	and profit-sharing				
Ü	Schedule F instruc	,				plans		21	*		
	attach Form 4562	,	8			22 Rent or l	lease:				
9	Chemicals		9				, machinery,				
10	Conservation expe	enses (see	10				ipment (see	00			
	,		11	79,126			ons)	22a 22b			
11	Custom hire (mack	•	H	73,120			and, animals, etc.). and maintenance .		176,1	189	
12	Depreciation and sexpense deduction						nd plants	24	87,7		
	claimed elsewhere		12	191,724			and warehousing.	0=			
13	Employee benefit	programs				_	·	26	103,8		
	other than on line		_	*					435,8	345	
	Schedule F instruc	ctions)	13	•		28 Utilities		28			
14	Feed		14 15				ry, breeding, and	29			
15	Fertilizers and lime Freight and trucking		16			medicine 30 Other ex	e	23			
16 17	Gasoline, fuel, and		17	105,339		(specify)	•				
18	Insurance (other th		18	,				30a			
19	Interest:	, .						206			
а	Mortgage (paid to b	oanks, etc.) .	19a	52,125		c					
	Other		19b	39,942		d					-
20	Labor hired (less e					_		204			
	credits) (see Scheinstructions).		20	28,449		f g		30f 30g			
	monucionaj	<u> </u>	20	20,110		ן פ		309			
31	Total expenses.	Add lines 8 th	rough	30g (see instructi	ons)			31	523,1	110	
32	Net farm rental in it here and on Sch						ılt is income, enter line 33	32	600,2	200	

Schedule E, line 40

(see instructions)

At risk (either box checked) = 138,881

Nondeductible loss (+)/Suspended loss carryover (-) = 28,936 | 33c

33a All investment is at risk.

33b Some investment is not at risk.

129,276

If line 32 is a loss, check the box that describes your investment in this activity

You may have to complete Form 8582 to determine your deductible loss, regardless of which box you checked (see instructions). If you checked box 33b, you must complete Form 6198 before going to Form 8582. In either case, enter the deductible loss here and on

4952

NUMBER OF RETURNS FILED FOR SELECTED LINES

Investment Interest Expense Deduction

► Attach to your tax return.

Attachment Sequence No. 51

OMB No. 1545-0191

Department of the Treasury Internal Revenue Service Name(s) shown on return

Total Forms Filed = 1.813.952

Identifying number

	10tal 1 01113 1 lica = 1,010,00	_			
Pai	t I Total Investment Interest Expense				
1	Investment interest expense paid or accrued in 2006 (see instructions)			1	1,402,827
2	Disallowed investment interest expense from 2005 Form 4952, line 7			2	759,647
3	Total investment interest expense. Add lines 1 and 2			3	1,759,929
Par	t II Net Investment Income				
	Gross income from property held for investment (excluding any net gain from the disposition of property held for investment)	4a 4b	1,744,733 1,341,495		
b	Qualified dividends included on line 4a	40	1,041,490	4c	1,718,678
d	Net gain from the disposition of property held for investment	4d	869,929		
е	Enter the smaller of line 4d or your net capital gain from the disposition of property held for investment (see instructions)	4e	811,876		
f	Subtract line 4e from line 4d			4f	396,833
g	Enter the amount from lines 4b and 4e that you elect to include in instructions)		,	4g	212,879
h	Investment income. Add lines 4c, 4f, and 4g			4h	1,733,906
5	Investment expenses (see instructions)			5	544,065
6	Net investment income. Subtract line 5 from line 4h. If zero or less, e	enter -	0	6	1,642,465
Par	t III Investment Interest Expense Deduction				
7	Disallowed investment interest expense to be carried forward to 200	7. Suk	otract line 6 from		
	line 3. If zero or less, enter -0			7	774,318
8	Investment interest expense deduction. Enter the smaller of line 3 of	or 6. S	ee instructions	8	1,588,443

Section references are to the Internal Revenue Code unless otherwise noted.

General Instructions Purpose of Form

Use Form 4952 to figure the amount of investment interest expense vou can deduct for 2006 and the amount you can carry forward to future years. Your investment interest expense deduction is limited to your net investment income.

For more information, see Pub. 550, Investment Income and Expenses.

Who Must File

If you are an individual, estate, or a trust, you must file Form 4952 to claim a deduction for your investment interest expense.

Exception. You do not have to file Form 4952 if all of the following apply.

- Your investment income from interest and ordinary dividends minus any qualified dividends is more than your investment interest expense.
- You do not have any other deductible investment expenses.
- You do not have any carryover of disallowed investment interest expense from 2005.

Allocation of Interest **Expense**

If you paid or accrued interest on a loan and used the loan proceeds for more than one purpose, you may have to allocate the interest. This is necessary because different

rules apply to investment interest, personal interest, trade or business interest, home mortgage interest, and passive activity interest. See Pub. 535. Business Expenses.

Specific Instructions Part I—Total Investment **Interest Expense**

Line 1

Enter the investment interest expense paid or accrued during the tax year, regardless of when you incurred the indebtedness. Investment interest expense is interest paid or accrued on a loan or part of a loan that is allocable to property held for investment (as defined on this page).

Include investment interest expense reported to you on Schedule K-1 from a partnership or an S corporation. Include amortization of bond premium on taxable bonds purchased after October 22, 1986, but before January 1, 1988, unless you elected to offset amortizable bond premium against the interest payments on the bond. A taxable bond is a bond on which the interest is includible in gross income.

Investment interest expense does not include any of the following:

- Home mortgage interest.
- Interest expense that is properly allocable to a passive activity. Generally, a passive activity is any trade or business activity in which you do not materially participate and any rental activity. See the Instructions for Form 8582, Passive Activity Loss Limitations, for details.

- Any interest expense that is capitalized, such as construction interest subject to section 263A.
- Interest expense related to tax-exempt interest income under section 265.
- Interest expense, disallowed under section 264, on indebtedness with respect to life insurance, endowment, or annuity contracts issued after June 8, 1997, even if the proceeds were used to purchase any property held for investment.

Property held for investment. Property held for investment includes property that produces income, not derived in the ordinary course of a trade or business, from interest, dividends, annuities, or royalties. It also includes property that produces gain or loss, not derived in the ordinary course of a trade or business, from the disposition of property that produces these types of income or is held for investment. However, it does not include an interest in a passive activity.

Exception. A working interest in an oil or gas property that you held directly or through an entity that did not limit your liability is property held for investment, but only if you did not materially participate in the activity.

Part II—Net Investment Income

Line 4a

Gross income from property held for investment includes income, unless derived in the ordinary course of a trade or business, from interest, ordinary dividends (except Alaska Permanent Fund dividends), annuities, and royalties. Include investment income

Form **4972**

NUMBER OF RETURNS FILED FOR SELECTED LINES **Tax on Lump-Sum Distributions**

Tax on Lump-Sum Distributions

(From Qualified Plans of Participants Born Before January 2, 1936)

Attachment Sequence No. 28

OMB No. 1545-0193

Department of the Treasury Internal Revenue Service (99)

Name of recipient of distribution

► Attach to Form 1040, Form 1040NR, or Form 1041.

Total Forms Filed = 13,439

Par	Complete this part to see if you can use Form 4972					
1	Was this a distribution of a plan participant's entire balance (excluding deductible voluntary contributions and certain forfeited amounts) from all of an employer's qualified plans of one kind					No
	profit-sharing, or stock bonus)? If "No," do not use this form					13,439
2	Did you roll over any part of the distribution? If "Yes," do not use this form			2	Y =	13,439
3	Was this distribution paid to you as a beneficiary of a plan participant who was born before				. ,	40.400
	January 2, 1936?			3	Y =	13,439
4	Were you (a) a plan participant who received this distribution, (b) born before January 2, 1936, a participant in the plan for at least 5 years before the year of the distribution?			4	Y =	13,439
50	Did you use Form 4972 after 1986 for a previous distribution from your own plan? If "Yes," do not		thio			
Sa	form for a 2006 distribution from your own plan	. use		5a	Y =	13,439
h	If you are receiving this distribution as a beneficiary of a plan participant who died, did you use Fo	orm /	072			
D	for a previous distribution received for that participant after 1986? If "Yes," do not use the forn		this			
	distribution			5b `	Y =	10,576
Par						
6	Capital gain part from Form 1099-R, box 3	6		*		
7	Multiply line 6 by 20% (.20)	7				
	If you also choose to use Part III, go to line 8. Otherwise, include the amount from line 7 in the total on Form 1040, line 44, Form 1040NR, line 41, or Form 1041, Schedule G, line 1b, whichever applies.					
Par	rt III Complete this part to choose the 10-year tax option (see instructions)					
8	Ordinary income from Form 1099-R, box 2a minus box 3. If you did not complete Part II, enter					
	the taxable amount from Form 1099-R, box 2a	8	12	,419		
9	Death benefit exclusion for a beneficiary of a plan participant who died before August 21, 1996	9		0		
10	Total taxable amount. Subtract line 9 from line 8	10	12	,419		
11	Current actuarial value of annuity from Form 1099-R, box 8. If none, enter -0	11		0		
12	Adjusted total taxable amount. Add lines 10 and 11. If this amount is \$70,000 or more, skip lines 13 through 16, enter this amount on line 17, and go to line 18	12	12	,419		
13	Multiply line 12 by 50% (.50), but do not enter more than \$10,000 .					
14	Subtract \$20,000 from line 12. If line 12 is					
	\$20,000 or less, enter -0					
15	Multiply line 14 by 20% (.20)			- 40		
16	Minimum distribution allowance. Subtract line 15 from line 13	16	11	,512		
17	Subtract line 16 from line 12	17		*		
18	Federal estate tax attributable to lump-sum distribution	18				
19	Subtract line 18 from line 17. If line 11 is zero, skip lines 20 through 22 and go to line 23	19				
20	Divide line 11 by line 12 and enter the result as a decimal (rounded					
	to at least three places)					
21	Multiply line 16 by the decimal on line 20					
22		23				
23	Multiply line 19 by 10% (.10)	24	11	,767		
24	Tax on amount on line 23. Use the Tax Rate Schedule in the instructions	27	• • • •	,,,,,,		
25	Multiply line 24 by ten (10). If line 11 is zero, skip lines 26 through 28, enter this amount on line	25				
26	29, and go to line 30	20				
26	Walipiy iii 6 22 by 1076 (.10)					
27	Tax on amount on line 26. Use the Tax Rate Schedule in the instructions 27					
28		28				
28 29	Multiply line 27 by ten (10)	29	11	,767		
30	Tax on lump-sum distribution. Add lines 7 and 29. Also include this amount in the total on Form					
	1040, line 44, Form 1040NR, line 41, or Form 1041, Schedule G, line 1b, whichever applies	30	12	,787		

5329

23

24

NUMBER OF RETURNS FILED FOR SELECTED LINES **Additional Taxes on Qualified Plans** (Including IRAs) and Other Tax-Favored Accounts

▶ Attach to Form 1040 or Form 1040NR.

OMB No. 1545-0074

Department of the Treasury See separate instructions. Sequence No. 29 Internal Revenue Service Name of individual subject to additional tax. If married filing jointly, see instructions. Your social security number Total Forms Filed = 1,469,483 Home address (number and street), or P.O. box if mail is not delivered to your home Fill in Your Address Only If You Are Filing This Form by Itself and Not City, town or post office, state, and ZIP code If this is an amended With Your Tax Return return, check here ▶ If you only owe the additional 10% tax on early distributions, you may be able to report this tax directly on Form 1040, line 60, or on Form 1040NR, line 55, without filing Form 5329. See the instructions for Form 1040, line 60, or for Form 1040NR, line 55. Additional Tax on Early Distributions Complete this part if you took a taxable distribution (other than a qualified hurricane distribution), before you reached age 59½, from a qualified retirement plan (including an IRA) or modified endowment contract (unless you are reporting this tax directly on Form 1040—see above). You may also have to complete this part to indicate that you qualify for an exception to the additional tax on early distributions or for certain Roth IRA distributions (see instructions). Early distributions included in income. For Roth IRA distributions, see instructions Early distributions included on line 1 that are not subject to the additional tax (see instructions). 2 Enter the appropriate exception number from the instructions: 3 1,185,109 Additional tax. Enter 10% (.10) of line 3. Include this amount on Form 1040, line 60, or Form 1,184,932 Caution: If any part of the amount on line 3 was a distribution from a SIMPLE IRA, you may have to include 25% of that amount on line 4 instead of 10% (see instructions). Part II **Additional Tax on Certain Distributions From Education Accounts** Complete this part if you included an amount in income, on Form 1040 or Form 1040NR, line 21, from a Coverdell education savings account (ESA) or a qualified tuition program (QTP). 5 Distributions included in income from Coverdell ESAs and QTPs 5 6 Distributions included on line 5 that are not subject to the additional tax (see instructions) 7 54,179 Amount subject to additional tax. Subtract line 6 from line 5 Additional tax. Enter 10% (.10) of line 7. Include this amount on Form 1040, line 60, or Form 1040NR, line 55 54.830 Part III **Additional Tax on Excess Contributions to Traditional IRAs** Complete this part if you contributed more to your traditional IRAs for 2006 than is allowable or you had an amount on line 17 of your 2005 Form 5329. Enter your excess contributions from line 16 of your 2005 Form 5329 (see instructions). If zero, 9 10 If your traditional IRA contributions for 2006 are less than your 10 maximum allowable contribution, see instructions. Otherwise, enter -0-11 11 2006 traditional IRA distributions included in income (see instructions) 2006 distributions of prior year excess contributions (see instructions) 13 14 Prior vear excess contributions. Subtract line 13 from line 9. If zero or less, enter -0-15 15 Excess contributions for 2006 (see instructions) 30,929 16 Total excess contributions. Add lines 14 and 15 16 Additional tax. Enter 6% (.06) of the smaller of line 16 or the value of your traditional IRAs on December 31, 2006 (including 2006 contributions made in 2007). Include this amount on Form 1040, line 60, or Form 1040NR, line 55 30.891 17 Part IV Additional Tax on Excess Contributions to Roth IRAs Complete this part if you contributed more to your Roth IRAs for 2006 than is allowable or you had an amount on line 25 of your 2005 Form 5329. 18 Enter your excess contributions from line 24 of your 2005 Form 5329 (see instructions). If zero, go to line 23 18 If your Roth IRA contributions for 2006 are less than your maximum 19 allowable contribution, see instructions. Otherwise, enter -0-20 2006 distributions from your Roth IRAs (see instructions) . . . 21 22 Prior year excess contributions. Subtract line 21 from line 18. If zero or less, enter -0-23

Additional tax. Enter 6% (.06) of the smaller of line 24 or the value of your Roth IRAs on December 31, 2006 (including 2006 contributions made in 2007). Include this amount on Form 1040, line 60, or Form 1040NR, line 55

Excess contributions for 2006 (see instructions) Total excess contributions. Add lines 22 and 23 . . .

24

43,646

43,646

NUMBER OF RETURNS FILED FOR SELECTED LINES Page 2

Form	5329 (200	NUMBER OF RETURNS FI	LED FOR SELECT	ED LINES			Page 2
Pa	rt V	Additional Tax on Excess Contributions to Co	verdell ESAs				
		Complete this part if the contributions to your Covere	dell ESAs for 2006	were more than	is allov	wable or you h	nad an
		amount on line 33 of your 2005 Form 5329.				-	
	F	h 0005 F	F000 / !t	t.'			\top
26		he excess contributions from line 32 of your 2005 Fol	rm 5329 (see instru	actions). If zero,	26		
	go to I				20		+
27		ontributions to your Coverdell ESAs for 2006 were less					
		um allowable contribution, see instructions. Otherwise, ϵ			-		
28		listributions from your Coverdell ESAs (see instructions	s) 28				
29		es 27 and 28			29		
30	Prior y	ear excess contributions. Subtract line 29 from line 26	. If zero or less, en	iter -0	30		
31	Excess	contributions for 2006 (see instructions)			31		
32	Total e	xcess contributions. Add lines 30 and 31			32	*	
33	Addition	onal tax. Enter 6% (.06) of the smaller of line 32 or the	e value of your Co	verdell ESAs on			
	Decem	ber 31, 2006 (including 2006 contributions made in 20	007). Include this a	mount on Form			
	1040,	ine 60, or Form 1040NR, line 55			33	*	
Pa	rt VI	Additional Tax on Excess Contributions to Arc	cher MSAs				
		Complete this part if you or your employer contribute		cher MSAs for 200	06 thai	n is allowable	or you
		had an amount on line 41 of your 2005 Form 5329.	,				,
24	Cotor t	he everes contributions from line 40 of vour 2005 For	rm E220 (aaa inatro	untings) If Toro			
34		he excess contributions from line 40 of your 2005 Fol	rm 5329 (see instru	actions). If zero,	34		
	go to l						
35		contributions to your Archer MSAs for 2006 are less t					
		um allowable contribution, see instructions. Otherwise, e	STILLOT O		-		
36		listributions from your Archer MSAs from Form 8853, I	ine 10 . 36		07		
37					37		+
38	_	ear excess contributions. Subtract line 37 from line 34			38		+
39	Excess	contributions for 2006 (see instructions)			39		
40	Total e	xcess contributions. Add lines 38 and 39			40	3,817	
41	Addition	onal tax. Enter 6% (.06) of the smaller of line 40 or t	the value of your A	rcher MSAs on			
	Decem	ber 31, 2006 (including 2006 contributions made in 20	007). Include this a	mount on Form			
		ine 60, or Form 1040NR, line 55			41	3,817	
Pa	rt VII	Additional Tax on Excess Contributions to He	alth Savings Ac	counts (HSAs)			
		Complete this part if you, someone on your behalf, or		ntributed more to	your H	ISAs for 2006	than is
		allowable or you had an amount on line 49 of your 20	05 Form 5329.				
42	Enter t	he excess contributions from line 48 of your 2005 For	m 5329. If zero. ac	to line 47	42		
		-					
43		ontributions to your HSAs for 2006 are less than the mole contribution, see instructions. Otherwise, enter -0-					
44			44				
44		stributions from your HSAs from Form 8889, line 14			45		
45		es 43 and 44					+
46	,	ear excess contributions. Subtract line 45 from line 42	,		46		+
47		,			47	00.007	+
48					48	82,607	-
49		nal tax. Enter 6% (.06) of the smaller of line 48 or the value of you					
		ntributions made in 2007). Include this amount on Form 1040, li			49	69,939	
Pai	rt VIII	Additional Tax on Excess Accumulation in Qu					
		Complete this part if you did not receive the minimum	n required distributi	on from your qual	lified re	etirement plan.	
50	Minimu	um required distribution for 2006 (see instructions) .			50		
51		t actually distributed to you in 2006			51		
52					52	7,622	
53		nal tax. Enter 50% (.50) of line 52. Include this amount on Form			53	10,901	
Sig		Complete only if you are filing this form by itseli					
		Under penalties of perjury, I declare that I have examined this form, inc					
	ase	and belief, it is true, correct, and complete. Declaration of preparer (oth	er than taxpayer) is base	d on all information of w	hich pre	parer has any knov	wledge.
Sig				k			
Hei	re	Your signature		— Date			
			Date	· '	Prens	arer's SSN or PTIN	
Paid	i	Preparer's signature	Date	Check if self- employed			-
	parer's	Firm's name (or yours			<u> </u>		
	Only	if self-employed),		EIN		\	
		address, and ZIP code		Phone no.	()	

5695

Department of the Treasury Internal Revenue Service

NUMBER OF RETURNS FILED FOR SELECTED LINES

Residential Energy Credits

► See instructions.

► Attach to Form 1040 or Form 1040NR.

OMB No. 1545-0074 Attachment Sequence No.

Name(s) shown on return

Your social security number Total Forms Filed = 4,361,437

Pa	Nonbusiness Energy Property Credit (See instructions be	etore	completing this	part.)		
1	Were the qualified energy efficiency improvements or residential energy your main home located in the United States? (see instructions)			•		Yes Boxes Checked Yes	= 4,350,898 No
	Caution: If you checked the "No" box, you cannot claim the nonbusine Do not complete Part I.	ess ene	ergy property cre	dit.			
2 a	Qualified energy efficiency improvements (see instructions). Insulation material or system specifically and primarily designed to reduce heat loss or gain in your home	2a	1,460,348	4			
b	Exterior windows (including skylights). Do not enter more than \$2,000	2b	1,871,128	_			
	Exterior doors	2c	1,418,741				
d	Metal roof with appropriate pigmented coatings that meet the Energy Star program requirements and is specifically and primarily designed to reduce heat gain in your home	2d	69,920				
3	Add lines 2a through 2d			. 📮	3	3,353,701	
4	Multiply line 3 by 10% (.10)				4	3,352,062	
	Residential energy property costs (see instructions). Energy-efficient building property. Do not enter more than \$300	5a	676,289				
b	Qualified natural gas, propane, or oil furnace or hot water boiler. Do not enter more than \$150	5b	1,080,293				
C	Advanced main air circulating fan used in a natural gas, propane, or oil furnace. Do not enter more than \$50	5c	234,435				
6	Add lines 5a through 5c			.	6	1,674,696	
7	Add lines 4 and 6				7	4,329,503	
8	Enter the smaller of line 7 or \$500 (If you jointly occupied the home, s	ee inst	tructions)		8	4,329,503	
9	Enter the amount from Form 1040, line 46, or Form 1040NR, line 43 Enter the total, if any, of your credits from Form 1040, lines 47 through 51, or Form 1040NR, lines 44 through 46	9					
11	Subtract line 10 from line 9. If zero or less, stop . You cannot take the property credit	nonbu	usiness energy	1	11		
2	Nonbusiness energy property credit. Enter the smaller of line 8 or line	ne 11		. .	12	4,314,054	

Form 5695 (2006)

NUMBER OF RETURNS FILED FOR SELECTED LINES

Before you begin: Figure the amount of any of the following credits that you are claiming.

- Child tax credit
- Mortgage interest credit
- Adoption credit
- District of Columbia first-time homebuyer credit

Pa	rt II Residential Energy Efficient Property Credit (See instructions before completing	g this	s part.)	
13	Qualified solar electric property costs			
14	Multiply line 13 by 30% (.30)			
15	Maximum credit amount			
16	Enter the smaller of line 14 or line 15	16	25,551	
17	Qualified solar water heating property costs			
18	Multiply line 17 by 30% (.30)			
19	Maximum credit amount			
20	Enter the smaller of line 18 or line 19	20	24,357	
21	Qualified fuel cell property costs			
	4 540			
22	Waltiply III 6 2 1 by 60 % (.50)			
23	Thiowatt capacity of property of line 21 above P	04	1,006	
24	Enter the smaller of line 22 or line 23	24		
25	Add lines 16, 20, and 24	25	49,460	
26	Enter the amount from Form 1040, line 46, or Form 1040NR, line 43			
27	1040 filers: Enter the total, if any, of your credits from Form 1040, lines 47 through 51, 53, and 54, plus the amount, if any, from line 12 of this form.			
	1040NR filers: Enter the total, if any, of your credits from Form 1040NR, lines 44 through 46, 48, and 49, plus the amount, if any, from line 12 of this form.			
28	Subtract line 27 from line 26. If zero or less, enter -0- here and on line 29	28	4,333,932	
29	Residential energy efficient property credit. Enter the smaller of line 25 or line 28	29	44,616	
30	Credit carryforward to 2007. If line 29 is less than line 25, subtract line 29 from line 25			
Pa	rt III Current Year Residential Energy Credits			
31	Add lines 12 and 29. Enter here and on Form 1040, line 52, or Form 1040NR, line 47	31	4,341,093	

Page 2

(Rev. December 2006) Department of the Treasury

Internal Revenue Service Name(s) shown on return

NUMBER OF RETURNS FILED FOR SELECTED LINES

Work Opportunity Credit

Attach to your tax return.

OMB No. 1545-0219

Attachment Sequence No. 77

Identifying number

	Total Forms Filed = 18,431			
1	Enter on the applicable line below the total qualified first-year wages paid or incurred during the tax year, and multiply by the percentage shown, for services of employees who began work for you before the applicable date in the instructions and are certified (if required) as members of a targeted group.			
а	Employees who worked for you at least 120 hours but fewer than 400 hours	1a	1,030	
b	Employees who worked for you at least 400 hours $$ \$ $ imes$ 40% (.40)	1b	1,885	
2	Add lines 1a and 1b. See instructions for the adjustment you must make for salaries and wages	2	2,233	
3	Work opportunity credit from partnerships, S corporations, cooperatives, estates, and trusts	3	16,288	
4	Add lines 2 and 3. Cooperatives, estates, and trusts, go to line 5; partnerships and S corporations, report this amount on Schedule K; all others, report this amount on the applicable line of Form 3800 (e.g., line 1b of the 2006 Form 3800) Nondeductible credit = *	4	18,431	
5	Amount allocated to the patrons of the cooperative or the beneficiaries of the estate or trust (see instructions)	5		
6	Cooperatives, estates, and trusts, subtract line 5 from line 4. Report the amount on the applicable line of Form 3800 (e.g., line 1b of the 2006 Form 3800)	6		

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

What's New

The Tax Relief and Health Care Act of 2006 extended the work opportunity credit to cover employees who begin work for the employer before January 1, 2008.

For employees who begin work for the employer after December 31, 2006, the act also expanded the definition of a targeted group employee, and increased the timeframe for submitting Form 8850. For more information on these changes, see Publication 553, Highlights of 2006 Tax Changes.

The tax liability limit is no longer figured on this form; instead, it must be figured on Form 3800, General Business Credit.

Taxpayers that are not partnerships, S corporations, cooperatives, estates, or trusts, and whose only source of this credit is from those pass-through entities, are not required to complete or file this form. Instead, they can report this credit directly on line 1b of Form 3800.

The IRS will revise this December 2006 version of the form only when necessary. Continue to use this version for tax years beginning after 2005 until a new revision is issued.

Purpose of Form

Use Form 5884 to claim the work opportunity credit for qualified first-year wages you paid to or incurred for targeted group employees during the tax year. Your business does not have to be located in an empowerment zone, enterprise community, or renewal community to qualify for this credit.

You can claim or elect not to claim the work opportunity credit any time within 3 years from the due date of your return on either your original return or an amended return.

How To Claim the Credit

Generally, you must request and be issued a certification for each employee from the state employment security agency (SESA). The certification proves that the employee is a member of a targeted group. You must receive the certification by the day the individual begins work or complete Form 8850, Pre-Screening Notice and Certification Request for the Work Opportunity Credit, on or before the day you offer the individual a job.

If you complete Form 8850, it must be signed by you and the individual and submitted to the SESA by the 21st calendar day after the individual begins work (the 28th day if the employee begins work after December 31, 2006). If the SESA denies the request, it will provide a written explanation of the reason for denial. If a certification is revoked because it was based on false information provided by the worker, wages paid after the date you receive the notice of revocation do not qualify for the credit.

Hurricane Katrina employee. A Hurricane Katrina employee is an employee who had a main home in the core disaster area on August 28, 2005, and, within a two-year period beginning on that date, was hired for a job whose principal place of employment is in the core disaster area. The certification requirements described above do not apply to Hurricane Katrina employees. Instead, the worker must show the employer reasonable evidence that the worker is a Hurricane Katrina employee. An employer may use Form 8850 to accept reasonable evidence that the worker is a Hurricane Katrina employee. If the employer discovers that the worker is not a Hurricane Katrina employee, wages paid after the date of discovery will not qualify for the credit.

Form **5884-A**

(October 2006) Department of the Treasury Internal Revenue Service

NUMBER OF RETURNS FILED FOR SELECTED LINES Credits for Employers Affected by Hurricane Katrina, Rita, or Wilma

► Attach to your tax return.

OMB No. 1545-1978

Attachment Sequence No. **77A**

Name(s) shown on return

Total Forms Filed = 6,260

Identifying number

SECTION A. Employee Retention Credit (see instructions)							
1a	Employers affected by Hurricane Katrina, enter the total qualified wages paid or incurred after August 28, 2005, and before January 1, 2006, while the business was inoperable	1a	656				
b	Employers affected by Hurricane Rita, enter the total qualified wages paid or incurred after September 23, 2005, and before January 1, 2006, while the business was inoperable	1b	*				
С	Employers affected by Hurricane Wilma, enter the total qualified wages paid or incurred after October 23, 2005, and before January 1, 2006, while the business was inoperable	1c	.0				
d	Add amounts from lines 1a, 1b, and 1c	1d	656				
2	Enter 40% of line 1d. You must subtract this amount from your deduction for salaries and wages				2	656	
3	Employee retention credit from partnerships, S corporations, cooperatives, estates, and trusts				3	5,063	
4	Current year credit. Add lines 2 and 3. Report this amount on the applicable line of Form 3800. If you have a credit from Section B, see instructions. S corporations, partnerships, estates, trusts, cooperatives, regulated investment companies, and real estate investment trusts, see instructions				4	5,655	
SECTION B. Hurricane Katrina Housing Credit (see instructions)							
5	Enter the value (up to \$600 per month per employee) of qualified lodging furnished in-kind to qualified employees during the tax year from January 1, 2006, through July 1, 2006 (see instructions)				5	156	
6	Enter 30% of line 5. You must subtract this amount from your deduction for salaries and wages				6	*	
7	Hurricane Katrina housing credit from partnerships, S corporations, cooperatives, estates, and trusts				7	608	
8	Current year credit. Add lines 6 and 7. Report this amount on the applicable line of Form 3800. If you have a credit from Section A, see instructions. S corporations, partnerships, estates, trusts, cooperatives, regulated investment companies, and real estate investment trusts, see instructions				8	713	

For Paperwork Reduction Act Notice, see page 4.

Cat. No. 47425B

Form **5884-A** (10-2006)

* Entry for this line is greater than zero, but too small to report

NUMBER OF RETURNS FILED FOR SELECTED LINES

At-Risk Limitations

► Attach to your tax return.

20**06**Attachment

Department of the Treasury Internal Revenue Service Name(s) shown on return

► See separate instructions.

Identifying number

Total Forms Filed = 402,575

Description of activity (see page 2 of the instructions)

Pai	Current Year Profit (Loss) From the Activity, Including Prior Year Nondeduct (see page 2 of the instructions).	ible A	mounts	
1	Ordinary income (loss) from the activity (see page 2 of the instructions)	1		
2	Gain (loss) from the sale or other disposition of assets used in the activity (or of your interest in the activity) that you are reporting on:			
а	Schedule D	2a		
b	Form 4797	2b		
С	Other form or schedule	2c		
3	Other income and gains from the activity, from Schedule K-1 of Form 1065, Form 1065-B, or Form 1120S, that were not included on lines 1 through 2c	3		
4	Other deductions and losses from the activity, including investment interest expense allowed from Form 4952, that were not included on lines 1 through 2c	4	()
5	Current year profit (loss) from the activity. Combine lines 1 through 4. See page 3 of the instructions before completing the rest of this form	5	401,004	
Pai	Tt II Simplified Computation of Amount At Risk. See page 3 of the instructions before	ore co	mpleting this	s part.
6	Adjusted basis (as defined in section 1011) in the activity (or in your interest in the activity) on the first day of the tax year. Do not enter less than zero	6		
7	Increases for the tax year (see page 3 of the instructions)	7		
8	Add lines 6 and 7	8		
9	Decreases for the tax year (see page 4 of the instructions)	9		
10a	Subtract line 9 from line 8	-		
b	If line 10a is more than zero, enter that amount here and go to line 20 (or complete Part III). Otherwise, enter -0- and see Pub. 925 for information on the recapture rules	10b		
Dai	Detailed Computation of Amount At Risk. If you completed Part III of Form 61		, 2005	2200 4
r ai	of the instructions.	90 101	2005, see p	Jaye 4
				\top
11	Investment in the activity (or in your interest in the activity) at the effective date. Do not enter	11		
12	less than zero	12		
13		13		
14	Add lines 11 and 12	14		
15	Amount at risk (check box that applies):			
	☐ At effective date. Subtract line 14 from line 13. Do not enter less than zero.	15		
	From 2005 Form 6198, line 19b. Do not enter the amount from line 10b of the 2005 form.			
	Increases since (check box that applies):			
	☐ Effective date b ☐ The end of your 2005 tax year	16		
	Add lines 15 and 16	17		
	Decreases since (check box that applies):			
	☐ Effective date b ☐ The end of your 2005 tax year	18		
19a	Subtract line 18 from line 17			
b	If line 19a is more than zero, enter that amount here and go to line 20. Otherwise, enter -0- and			
	see Pub. 925 for information on the recapture rules	19b		
Pai	rt IV Deductible Loss			
20	Amount at risk. Enter the larger of line 10b or line 19b	20	194,876	
21	Deductible loss. Enter the smaller of the line 5 loss (treated as a positive number) or line 20. See page 7 of the instructions to find out how to report any deductible loss and any carryover.	21	(196,718)
	Note: If the loss is from a passive activity, see the Instructions for Form 8582, Passive Activity Loss Limi Form 8810, Corporate Passive Activity Loss and Credit Limitations, to find out if the loss is allowed under the loss is subject to the passive activity loss rules, report only that part on Form 8 applies.	ınder th	ne passive activi	ity rules.

Department of the Treasury

Name(s) shown on Form 1040 or Form 1040NR

Internal Revenue Service

NUMBER OF RETURNS FILED FOR SELECTED LINES

Alternative Minimum Tax—Individuals

See separate instructions.

▶ Attach to Form 1040 or Form 1040NR.

OMB No. 1545-0074 Attachment

Sequence No. 32 Your social security number

Total Forms Filed = 8.683.021 Part I Alternative Minimum Taxable Income (See instructions for how to complete each line.) If filing Schedule A (Form 1040), enter the amount from Form 1040, line 41 (minus any amount on Form 8914, line 6), and go to line 2. Otherwise, enter the amount from Form 1040, line 38 (minus any amount 1 8,681,637 on Form 8914, line 6), and go to line 7. (If less than zero, enter as a negative amount.) 2 789,166 2 Medical and dental. Enter the smaller of Schedule A (Form 1040), line 4, or 2½% of Form 1040, line 38 6,928,638 3 3 160,062 4 Enter the home mortgage interest adjustment, if any, from line 6 of the worksheet on page 2 of the instructions 1.928.246 5 If Form 1040, line 38, is over \$150,500 (over \$75,250 if married filing separately), enter the amount from (4,076,955 line 11 of the Itemized Deductions Worksheet on page A-7 of the instructions for Schedule A (Form 1040) 7 2,749,055 7 8 162.970 9 23,310 9 Depletion (difference between regular tax and AMT) 142.505 10 10 Net operating loss deduction from Form 1040, line 21. Enter as a positive amount 11 997,016 Interest from specified private activity bonds exempt from the regular tax 11 12 6,407 12 Qualified small business stock (7% of gain excluded under section 1202) 13 24,044 13 Exercise of incentive stock options (excess of AMT income over regular tax income) 187,453 14 14 Estates and trusts (amount from Schedule K-1 (Form 1041), box 12, code A) 15 811 Electing large partnerships (amount from Schedule K-1 (Form 1065-B), box 6) 15 644,717 16 Disposition of property (difference between AMT and regular tax gain or loss) . . . 16 1,782,888 17 17 Depreciation on assets placed in service after 1986 (difference between regular tax and AMT) 1,340,721 18 Passive activities (difference between AMT and regular tax income or loss) 18 285,617 19 19 Loss limitations (difference between AMT and regular tax income or loss) 20 2.799 20 Circulation costs (difference between regular tax and AMT) 7,513 21 21 Long-term contracts (difference between AMT and regular tax income) 4.302 22 22 1.764 Research and experimental costs (difference between regular tax and AMT) 23 23 543 24 24 5,969 25 25 128.919 26 26 Other adjustments, including income-based related adjustments 79,730 27 27 Alternative minimum taxable income. Combine lines 1 through 27. (If married filing separately and line 8.681.086 28 is more than \$200,100, see page 7 of the instructions.) Part II **Alternative Minimum Tax** Child under 18 = 84,375 Exemption. (If this form is for a child under age 18, see page 7 of the instructions.) IF your filing status is . . . AND line 28 is not over... THEN enter on line 29... Single or head of household \$112,500 \$42,500 Married filing jointly or qualifying widow(er) 150,000 62,550 29 7,732,736 Married filing separately 75.000 31.275 If line 28 is over the amount shown above for your filing status, see page 7 of the instructions. Subtract line 29 from line 28. If more than zero or you are filing Form 2555 or 2555-EZ, go to line 31. If zero or 30 6,736,596 less and you are not filing Form 2555 or 2555-EZ, enter -0- on lines 33 and 35 and skip the rest of Part II • If you are filing Form 2555 or 2555-EZ, see page 8 of the instructions for the amount to enter. • If you reported capital gain distributions directly on Form 1040, line 13; you reported gualified dividends on Form 1040, line 9b; or you had a gain on both lines 15 and 16 of Schedule D (Form 1040) (as refigured 6.706.649 31 for the AMT, if necessary), complete Part III on the back and enter the amount from line 55 here. • All others: If line 30 is \$175,000 or less (\$87,500 or less if married filing separately), multiply line 30 by 26% (.26). Otherwise, multiply line 30 by 28% (.28) and subtract \$3,500 (\$1,750 if married filing separately) from the result. 1,953,682 32 32 Alternative minimum tax foreign tax credit (see page 8 of the instructions) 6,687,420 Tax from Form 1040, line 44 (minus any tax from Form 4972 and any foreign tax credit from Form 1040, line 47). If you used Schedule J to figure your tax, the amount for line 44 of Form 1040 must be refigured 34 8,066,630 Alternative minimum tax. Subtract line 34 from line 33. If zero or less, enter -0-. Enter here and on 3,965,915 35 Form 1040, line 45

Page 2

Form 6251 (2006)

Part III Tax Computation Using Maximum Capital Gains Rates

					00		
36	Enter the amount from Form 6251, line 30				36		
37	Enter the amount from line 6 of the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Form 1040, line 44, or the amount from line 13 of the Schedule D Tax Worksheet on page D-10 of the instructions for Schedule D (Form 1040), whichever applies (as refigured for the AMT, if necessary) (see page 10 of the instructions)	37	4,675,971				
38	Enter the amount from Schedule D (Form 1040), line 19 (as refigured for the AMT, if necessary) (see page 10 of the instructions)	38	567,025				
39	If you did not complete a Schedule D Tax Worksheet for the regular tax or the AMT, enter the amount from line 37. Otherwise, add lines 37 and 38, and enter the smaller of that result or the amount from line 10 of the Schedule D Tax Worksheet (as refigured for the AMT, if necessary)	39	4,656,647				
40	Enter the smaller of line 36 or line 39				40		
41	Subtract line 40 from line 36				41		
42	If line 41 is \$175,000 or less (\$87,500 or less if married filing separately), mult Otherwise, multiply line 41 by 28% (.28) and subtract \$3,500 (\$1,750 if married result		•	` '	42	4,234,693	
43	Enter: • \$61,300 if married filing jointly or qualifying widow(er), • \$30,650 if single or married filing separately, or • \$41,050 if head of household.	43					
44	Enter the amount from line 7 of the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Form 1040, line 44, or the amount from line 14 of the Schedule D Tax Worksheet on page D-10 of the instructions for Schedule D (Form 1040), whichever applies (as figured for the regular tax). If you did not complete either worksheet for the regular tax, enter -0	44					
45	Subtract line 44 from line 43. If zero or less, enter -0	45					
46	Enter the smaller of line 36 or line 37	46					
47	Enter the smaller of line 45 or line 46	47					
48	Multiply line 47 by 5% (.05)			. ▶	48	806,437	
49	Subtract line 47 from line 46	49					
50	Multiply line 49 by 15% (.15)			. ▶	50	4,177,975	
	If line 38 is zero or blank, skip lines 51 and 52 and go to line 53. Otherwis		to line 51.				
51	Subtract line 46 from line 40	51					
52	Multiply line 51 by 25% (.25)			. ▶	52	472,867	
53	Add lines 42, 48, 50, and 52				53		
54	If line 36 is \$175,000 or less (\$87,500 or less if married filing separately), mult Otherwise, multiply line 36 by 28% (.28) and subtract \$3,500 (\$1,750 if married result	tiply lin	ne 36 by 26% (separately) from	the	54	4,602,023	
55	Enter the smaller of line 53 or line 54 here and on line 31				55		

Department of the Treasury

Internal Revenue Service

NUMBER OF RETURNS FILED FOR SELECTED LINES

Installment Sale Income

► Attach to your tax return.

► Use a separate form for each sale or other disposition of property on the installment method.

OMB No. 1545-0228

206

Attachment
Sequence No. 79

Identifying number Name(s) shown on return Total Forms Filed = 888,811 Description of property ▶ 2a Date acquired (month, day, year) ► / / b Date sold (month, day, year) ► ___ Was the property sold to a related party (see instructions) after May 14, 1980? If "No," skip line 4. Yes □No Was the property you sold to a related party a marketable security? If "Yes," complete Part III. If "No," . 🗌 Yes □No Part I Gross Profit and Contract Price. Complete this part for the year of sale only. 152,411 5 5 Selling price including mortgages and other debts. Do not include interest whether stated or unstated Mortgages, debts, and other liabilities the buyer assumed or took 6 the property subject to (see instructions) 7 7 8 8 Cost or other basis of property sold 9 10 10 Adjusted basis. Subtract line 9 from line 8 11 11 Commissions and other expenses of sale 12 Income recapture from Form 4797, Part III (see instructions) . . . 12 132.562 13 13 151,812 14 14 Subtract line 13 from line 5. If zero or less, **do not** complete the rest of this form (see instructions) If the property described on line 1 above was your main home, enter the amount of your excluded 15 2,531 15 16 151.112 16 1,950 17 17 148,821 Contract price. Add line 7 and line 17 . . . 18 18 Installment Sale Income. Complete this part for the year of sale and any year you receive a payment or Part II have certain debts you must treat as a payment on installment obligations. 19 Gross profit percentage. Divide line 16 by line 18. For years after the year of sale, see instructions 19 20 20 If this is the year of sale, enter the amount from line 17. Otherwise, enter -0-823,367 21 Payments received during year (see instructions). Do not include interest, whether stated or unstated 21 823,443 22 22 23 Payments received in prior years (see instructions). **Do not** include 818,207 24 24 25 3,154 Enter the part of line 24 that is ordinary income under the recapture rules (see instructions). 816,901 Subtract line 25 from line 24. Enter here and on Schedule D or Form 4797 (see instructions) 26 Part III Related Party Installment Sale Income. Do not complete if you received the final payment this tax year. Name, address, and taxpayer identifying number of related party If the answer to question 28 is "Yes," complete lines 30 through 37 below unless one of the following conditions is met. Check the box that applies. a

The second disposition was more than 2 years after the first disposition (other than dispositions of marketable securities). If this box is checked, enter the date of disposition (month, day, year) **b** The first disposition was a sale or exchange of stock to the issuing corporation. c The second disposition was an involuntary conversion and the threat of conversion occurred after the first disposition. **d** The second disposition occurred after the death of the original seller or buyer. e 🔲 It can be established to the satisfaction of the Internal Revenue Service that tax avoidance was not a principal purpose for either of the dispositions. If this box is checked, attach an explanation (see instructions). 30 Selling price of property sold by related party (see instructions) 30 31 31 32 32 33 Total payments received by the end of your 2006 tax year (see instructions) 33 34 2,023 35 35 Multiply line 34 by the gross profit percentage on line 19 for year of first sale 36 * 36 Enter the part of line 35 that is ordinary income under the recapture rules (see instructions). Subtract line 36 from line 35. Enter here and on Schedule D or Form 4797 (see instructions) 28 37

Gains and Losses From Section 1256 Contracts and Straddles

► Attach to your tax return.

OMB No. 1545-0644 Attachment

Department of the Treasury

Interna	al Revenue Service									Sequence No. C	5 2
Name	Add the amounts on line 1 in columns (b) and (c) Net gain or (loss). Combine line 2, columns (b) and (c) Form 1099-B adjustments. See instructions and attach schedule Combine lines 3 and 4. Note: If line 5 shows a net gain, skip line 6 and enter the gain on line 7. Partnerships and S corporations, see instructions. If you have a net section 1256 contracts loss and checked box D above, enter the amount of loss to be carried back. Enter the loss as a positive number Combine lines 5 and 6. Short-term capital gain or (loss). Multiply line 7 by 40% (.40). Enter here and include on the appropriate line of Schedule D (see instructions) 8 285,341 4 3,250 5 286,712										
Choo	ok all applicable boyes (see instr			-				Mixed street	ldlo a	account election	
Criec	ik ali applicable boxes (see iristi					ection		=			ection
Pai	rt I Section 1256 Co				dontinoation cic	,011011			1200	Contracts loss ele	Otion
								(b) (Loss)		(c) Gain	
1									-		-
									1		
											!
2	Add the amounts on line 1 in	columns (b) and (c)			. L	2 ()	<u> </u>
3									3	285,341	
4									4	· ·	!
5	Combine lines 3 and 4								5	286,712	<u> </u>
	•	n, skip line	6 and enter	the gain on line	7. Partnershij	ps and	S corp	oorations, see			
6									6	1,430	
7	Combine lines 5 and 6								7	285,376	
8									8	280,448	
9									9	284,181	
Pai	t II Gains and Losse	es From	Straddle	s. Attach a se	eparate sche	edule I	isting	each straddle	and	its components.	
Sec	tion A—Losses From S	traddles	3								
	(a) Description of property	(b) Date entered into or acquired	(c) Date closed out or sold	(d) Gross sales price	(e) Cost or other basis plus expense of sale	(f) Lo If colum is more (d), endiffere Otherwenter	nn (e) than nter nce. vise,	(g) Unrecognize gain on offsetting positions	ed	(h) Recognized I If column (f) is m than (g), ente difference. Otherwise, enter	nore r
10											
											1
11a	Enter the short-term portion of Schedule D (see instructions)								11a	(1,037)
b	Enter the long-term portion of Schedule D (see instructions)		•	. ,.				•	11b	(210)
Sec	tion B—Gains From Str	addles									
	(a) Description of property	(b) Date entered into or acquired	(c) Date closed out or sold	(d) Gi sales i			ba	ost or other sis plus nse of sale		(f) Gain. If column (d) is more than (e), enter difference. Otherwise, enter -0-	
12											
								!			-
13a	Enter the short-term portion of Schedule D (see instructions)	-	om line 12,	column (f), here	and include	on the	appro	opriate line of	13a	698	
b	Enter the long-term portion o Schedule D (see instructions)								13b		
Pai	rt III Unrecognized G	ains Fro	om Positi	ons Held on	Last Day	of Ta	x Ye	ar.Memo Entr	y Or	ly (see instructio	ns)
	(a) Description of property		(b) Datacquire		market value or ess day of tax y		(d)	Cost or other basi as adjusted	s	(e) Unrecognized g If column (c) is mo than (d), enter differe Otherwise, enter	ore ence.
14											

2006 ESTIMATED DATA LINE COUNTS - (ALL FIGURES ARE ESTIMATES BASED ON SAMPLES)

8283

78

NUMBER OF RETURNS FILED FOR SELECTED LINES

Noncash Charitable Contributions

(Rev. December 2006) Department of the Treasury Internal Revenue Service ▶ Attach to your tax return if you claimed a total deduction of over \$500 for all contributed property.

▶ See separate instructions.

OMB No. 1545-0908

Attachment Sequence No. 155

Name(s) shown on your income tax return

Total Forms Filed = 6,148,798

Identifying number

	tion A. Donated items (or	d Property of \$5	,000 or Less ar ar items) for wh	nd Certa nich you	in I	Publi imed	icly Traded a deduction	Secon of	curities—List in this se \$5,000 or less. Also, e instructions).	
Par		ion on Donated						•		
1		(a) Name and addre donee organiza			(Fo	or a do	nated vehicle, e	nter th	tion of donated property e year, make, model, condition, Form 1098-C if required.)	and mileage,
Α										
В										
С										
D										
E										
Note	. If the amount you	u claimed as a ded	uction for an item	is \$500 c	r le	ss, yc	ou do not hav	/e to	complete columns (d), (e),	and (f).
	(c) Date of the contribution	(d) Date acquired by donor (mo., yr.)	(e) How acquired by donor	(f) Dono or adjust			(g) Fair market (see instructi		(h) Method used to det the fair market valu	
_A										
В				4,408,6	85		6,103,197			
D E										
	entire into contributi Enter the letter fro If Part II applies t	erest in a proper on listed in Part om Part I that ider o more than one p	ty listed in Part I; also attach the attifies the property property, attach a	I. Comp ne require for whic separate	olete ed s h yo sta	e line state ou ga teme	es 3a through ment (see in ve less than ant.	gh 30 nstru an er	ntire interest ►	
		med as a deduction				(2) For any	prior	tax years ►	
С		ss of eacn organiz organization above		y such co	ontri	butio	n was made	ın a	prior year (complete only	it differen
	Name of charitable org		,							
	Address (number, stre	et, and room or suite n	0.)							
	City or town, state, an	d ZIP code								
		erty, enter the pla son, other than the		-					e property ►	
3a		tion, either tempo						or d	ispose of the donated	Yes No
	Did you give to a organization in co the property, incluto designate the p	nyone (other than coperative fundrais uding the right to vo person having such	the donee organizing) the right to the rote donated secunicome, possess	zation or a e income irities, to a sion, or rig	anot from acqu ght t	ther on the uire the	organization donated property by the property by the property by	perty by pu	ipating with the donee or to the possession of rchase or otherwise, or	
С	Is there a restricti	ion limiting the do	nated property for	r a partici	ular	use?				1 1

Page **2**

2006 ESTIMATEL	DDATA LINE COUNTS - (ALL FIGURES ARE ESTIMATES BASED ON SAMPLES
Form 9092 (Pay 12 2006)	NUMBER OF RETURNS FILED FOR SELECTED LINES

Name	(s) shown on your i	income tax return						Identifying numbe	r
Sect	items)	for which you claim	ed a deduction	on of more	than \$5,000 per iter	n or gr	List in this section only oup (except contribution perty listed in Section B	ns of certain publicly	
Pai	t I Infori	mation on Dona	ated Prope	rty—To	be completed by	the t	taxpayer and/or the	appraiser.	
4	Art* (contrib	that describes the ty ution of \$20,000 or ution of less than \$2	more)		Qualified Conservation	on Cont	tribution [Equipment Securities	
	☐ Collectibles*	**			Intellectual Property		[Other	
other **Coll	similar objects. ectibles include coi	ns, stamps, books, ger	ns, jewelry, spo	rts memoral	ntiques, decorative arts, bilia, dolls, etc., but not e property. See instr	art as d		ripts, historical memoral	bilia, and
5	(a) Description	of donated property (if attach a separate state	you need	(b) If tang		ed, give	a brief summary of the over	rall (c) Appraised market valu	
A B C								74,240	
D		I			<u> </u>		1 -	landario -	
	(d) Date acquired by donor (mo., yr.)	(e) How acquired by donor	(f) Donor's adjusted		(g) For bargain sales amount receive		(h) Amount claimed as a deduction	(i) Average trading of securities	price
B			60,394		3,687		50,198	4,020	
С			00,001		0,001		33,133	1,020	
D									
	ature of taxpayer	(donor) ► aration of Appra	nicor .				Date >	•	
l decla marrie	are that I am not the	donor, the donee, a pa	rty to the transac	ction in whic	h the donor acquired the regularly used by the do	propert	ty, employed by, or related to ee, or party to the transaction	any of the foregoing pen, I performed the major	rsons, o
Also, appra value. the per result	I declare that I hold isal, I am qualified to Furthermore, I und- enalty under section ng from the apprais the penalty under s	of myself out to the pub o make appraisals of the erstand that a false or fin of 6701(a) (aiding and a sal of the value of the pre-	e type of properly raudulent overst betting the unde operty that I kno	ty being valuatement of the critical terms o	led. I certify that the applied he property value as destored of tax liability). In additionably should know, would	raisal fee scribed in ion, I un d be use	s; and that because of my q es were not based on a perce n the qualified appraisal or th iderstand that a substantial ed in connection with a return imony by the Office of Profes	entage of the appraised his Form 8283 may subje or gross valuation miss or claim for refund, may	property ect me to tatemen
Her					Title ▶		Date ▶		
Busin	ess address (includ	ing room or suite no.)						Identifying number	r
City o	r town, state, and 2	ZIP code							
Pai	t IV Done	e Acknowledgr	nent— To b	e compl	eted by the char	itable	organization.		
	•	•		lified organ	ization under section	170(c) a	and that it received the do	nated property as de	scribed
Furth portic	ermore, this orga on thereof) within	3 years after the date	in the event it	will file For		nation f	s of the property describe Return, with the IRS and g		
Does	the organization	intend to use the p	roperty for an	unrelated	use?			. ▶ ☐ Yes [☐ No
	of charitable organ	<u>.</u>	<u>-</u>				cation number		
 Addre	ss (number, street,	and room or suite no.)			City or tov	wn, state	e, and ZIP code		
A	rized signature				Title			Date	

2006 ESTIMATED DATA LINE COUNTS - (ALL FIGURES ARE ESTIMATES BASED ON SAMPLES)

8396

Department of the Treasury

Internal Revenue Service

NUMBER OF RETURNS FILED FOR SELECTED LINES

Mortgage Interest Credit

(For Holders of Qualified Mortgage Credit Certificates Issued by State or Local Governmental Units or Agencies)

► Attach to Form 1040 or 1040NR.

▶ See instructions on back.

OMB No. 1545-0074 Attachment Sequence No.

Name(s) shown on your tax return

Total Forms Filed = 55.834 Enter the address of your main home to which the qualified mortgage certificate relates if it is different from the address shown on your tax return.

Your social security number

Name of Issuer of Mortgage Credit Certificate Mortgage Credit Certificate Number Issue Date Part I **Current Year Mortgage Interest Credit** Interest paid on the certified indebtedness amount. If someone else (other than your spouse if 1 filing jointly) also held an interest in the home, enter only your share of the interest paid Enter the certificate credit rate shown on your mortgage credit certificate. Do not enter the 2 % If line 2 is 20% or less, multiply line 1 by line 2. If line 2 is more than 20%, or you refinanced your 49,237 3 mortgage and received a reissued certificate, see the instructions for the amount to enter. You must reduce your deduction for home mortgage interest on Schedule A (Form 1040) by the amount on line 3. 2.266 4 Enter any 2003 credit carryforward from line 18 of your 2005 Form 8396 5,977 5 Enter any 2004 credit carryforward from line 16 of your 2005 Form 8396 8,218 6 Enter any 2005 credit carryforward from line 19 of your 2005 Form 8396 . . . 55,834 7 8 8 Enter the amount from Form 1040, line 46, or Form 1040NR, line 43 Enter the total of the amounts from Form 1040, lines 47 through 51 and line 1040 filers: 9 53 plus any credit from Form 5695, line 12 9 1040NR filers: Enter the total of the amounts from Form 1040NR, lines 44 through 46 and line 48 plus any credit from Form 5695, line 12 10 Subtract line 9 from line 8. If zero or less, enter -0- here and on line 11 and go to Part II 10 Current year mortgage interest credit. Enter the smaller of line 7 or line 10. Also include this amount in the total on Form 1040, line 54, or Form 1040NR, line 49, and check box a on 48.897 Mortgage Interest Credit Carryforward to 2007. (Complete only if line 11 is less than line 7.) Part II 12 12 Add lines 3 and 4 13 Enter the amount from line 7 13 14 14 Enter the **larger** of line 11 or line 12 15 Subtract line 14 from line 13 . . . 15 16 2005 credit carryforward to 2007. Enter the smaller of line 6 or line 15 . 16 17 17 Subtract line 16 from line 15 . . . 18 18 2004 credit carryforward to 2007. Enter the smaller of line 5 or line 17 2006 credit carryforward to 2007. Subtract line 11 from line 3. If zero or less, enter -0-19

NUMBER OF RETURNS FILED FOR SELECTED LINES

Passive Activity Loss Limitations

► See separate instructions. ▶ Attach to Form 1040 or Form 1041. OMB No. 1545-1008 Attachment Sequence No. **88**

Department of the Treasury Internal Revenue Service

Name(s) s	shown on return Total Forms Filed = 3,554,402		'	Identifying number	ſ
Part I	2006 Passive Activity Loss Caution: Complete Worksheets 1, 2, and 3 on page 2 before completing Part I.				
	Real Estate Activities With Active Participation (For the definition of active participation ecial Allowance for Rental Real Estate Activities on page 3 of the instructions.)	n			
	ctivities with net income (enter the amount from Worksheet 1, blumn (a))				
b Ac	ctivities with net loss (enter the amount from Worksheet 1, blumn (b)))			
1,	rior years unallowed losses (enter the amount from Worksheet column (c)))			
	ombine lines 1a, 1b, and 1c	. 10	d	2,383,093	_
	ercial Revitalization Deductions From Rental Real Estate Activities				
	offinercial revitalization deductions from Worksheet 2, column (a)				
	rior year unallowed commercial revitalization deductions from //orksheet 2, column (b) 2b (981				
	/orksheet 2, column (b)	. 2	c (1,830	1
	er Passive Activities			1,000	
	ctivities with net income (enter the amount from Worksheet 3,				
	blumn (a))				
	ctivities with net loss (enter the amount from Worksheet 3,				
	olumn (b)))			
	rior years unallowed losses (enter the amount from Worksheet 3,				
CO	olumn (c)))			
d Co	ombine lines 3a, 3b, and 3c	. 3	<u>d</u>	1,595,981	
4 Co	ombine lines 1d, 2c, and 3d. If the result is net income or zero, all losses are allowed, include	ling			
	ny prior year unallowed losses entered on line 1c, 2b, or 3c. Do not complete Form 85			0.550.000	
	eport the losses on the forms and schedules normally used	. L4	<u> </u>	3,553,299	
lf I	line 4 is a loss and: • Line 1d is a loss, go to Part II.	. 5			
	• Line 2c is a loss (and line 1d is zero or more), skip Part II and (. 15
aution	 Line 3d is a loss (and lines 1d and 2c are zero or more), skip P If your filing status is married filing separately and you lived with your spouse at any time 				
	or Part III. Instead, go to line 15.	during i	.ric y	ear, do not cor	прісі
Part II		ation			
	Note: Enter all numbers in Part II as positive amounts. See page 8 of the instruction		exai	mple.	
5 En	nter the smaller of the loss on line 1d or the loss on line 4	5		2,145,265	
	nter \$150,000. If married filing separately, see page 8 6 2,138,535	•			
	nter modified adjusted gross income, but not less than zero (see page 8) 7 2,094,315				
	ote: If line 7 is greater than or equal to line 6, skip lines 8 and				
9,	enter -0- on line 10. Otherwise, go to line 8.				
8 Su	ubtract line 7 from line 6				
	ultiply line 8 by 50% (.5). Do not enter more than \$25,000. If married filing separately, see pag		-	1,473,937	
	nter the smaller of line 5 or line 9	. 10	0	1,473,937	
	line 2c is a loss, go to Part III. Otherwise, go to line 15.	tal D-	<u> </u>	ototo Astiviti	
Part II	Special Allowance for Commercial Revitalization Deductions From Ren Note: Enter all numbers in Part III as positive amounts. See the example for Part III of				
	·	<u> </u>		1,821	
	nter \$25,000 reduced by the amount, if any, on line 10. If married filing separately, see instruction) II -		1,021	+
	nter the loss from line 4		-	1,821	+
	educe line 12 by the amount on line 10	1.		1.821	_

Add the income, if any, on lines 1a and 3a and enter the total. Total losses allowed from all passive activities for 2006. Add lines 10, 14, and 15. See

page 11 of the instructions to find out how to report the losses on your tax return.

Total Losses Allowed

Part IV

835,482

2,167,934

15

16

Form **8586**(Rev. December 2006)
Department of the Treasury
Internal Revenue Service (99)

Name(s) shown on return

NUMBER OF RETURNS FILED FOR SELECTED LINES Low-Income Housing Credit

Attach to your tax return.

OMB No. 1545-0984

Attachment Sequence No. **36a**

Total Forms Filed = 70,353

1 2	Number of Forms 8609-A attached			
	(i) (ii) (iv)			
3	Current year credit from attached Form(s) 8609-A (see instructions)	3	773	
4	Low-income housing credit from partnerships, S corporations, estates, and trusts	4	69,590	
5	Add lines 3 and 4. Estates and trusts, go to line 6; partnerships and S corporations, report this			
	amount on Schedule K; all others, report this amount on the applicable line of Form 3800 (e.g., line 1e of the 2006 Form 3800) Non-deductible housing credit = *	5	70,245	
6	Amount allocated to beneficiaries of the estate or trust (see instructions)	6		
7	Estates and trusts. Subtract line 6 from line 5. Report this amount on the applicable line of Form 3800 (e.g., line 1e of the 2006 Form 3800)	7		

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

What's New

- The tax liability limit is no longer figured on this form; instead, it must be figured on Form 3800, General Business Credit.
- Taxpayers that are not partnerships, S corporations, estates, or trusts, and whose only source of this credit is from those pass-through entities, are not required to complete or file this form. Instead, they can report this credit directly on line 1e of Form 3800.
- The IRS will revise this December 2006 version of the form only when necessary. Continue to use this version for tax years beginning after 2005 until a new revision is issued.

Purpose of Form

Use Form 8586 to claim the low-income housing credit. This general business credit is allowed for each new qualified low-income building placed in service after 1986. Generally, it is taken over a 10-year credit period.

Qualified Low-Income Housing Project

The credit cannot exceed the amount allocated to the building. See section 42(h)(1) for details.

The low-income housing credit can only be claimed for residential rental buildings in low-income housing projects that meet one of the minimum set-aside tests. For details, see the instructions for Form 8609, Part II, line 10c.

Except for buildings financed with certain tax-exempt bonds, you may not take a low-income housing credit on a building if it has not received an allocation from the housing credit agency. No allocation is needed when 50% or more of the aggregate basis of the building and the land on which the building is located is financed with certain tax-exempt bonds issued after 1989 for buildings placed in service after 1989. The owner still must get a Form 8609 from the appropriate housing credit agency (with the applicable items completed, including an assigned BIN). "Land on which the building is located" includes only land that is functionally related and subordinate to the qualified low-income building (see Regulations sections 1.103-8(a)(3) and 1.103-8(b)(4)(iii)).

Recapture of Credit

There is a 15-year compliance period during which the residential rental building must continue to meet certain requirements. If, as of the close of any tax year in this period, there is a reduction in the qualified basis of the building from the previous year, you may have to recapture a part of the credit you have taken. Similarly, you may have to recapture part of the credits taken in previous years upon certain dispositions of the building or interests therein. If you must recapture credits, use Form 8611, Recapture of Low-Income Housing Credit. See section 42(j) for details.

Recordkeeping

Keep a copy of this Form 8586 together with all Forms 8609, Schedules A (Form 8609) (and successor Forms 8609-A), and Forms 8611 for 3 years after the 15-year compliance period ends.

Department of the Treasury

Internal Revenue Service

NUMBER OF RETURNS FILED FOR SELECTED LINES

Nondeductible IRAs

► See separate instructions.

► Attach to Form 1040, Form 1040A, or Form 1040NR.

OMB No. 1545-0074 Attachment Sequence No.

Apt. no.

Fill in Your Address Only If You Are Filing This Form by Itself and Not

With Your Tax Return

Total Forms Filed = 2,044,896Home address (number and street, or P.O. box if mail is not delivered to your home) Your social security number

City, town or post office, state, and ZIP code

Name. If married, file a separate form for each spouse required to file Form 8606. See page 5 of the instructions.

Part I Nondeductible Contributions to Traditional IRAs and Distributions From Traditional, SEP, and SIMPLE IRAs Complete this part only if one or more of the following apply.

- You made nondeductible contributions to a traditional IRA for 2006.
- You took distributions from a traditional, SEP, or SIMPLE IRA in 2006 and you made nondeductible contributions to a traditional IRA in 2006 or an earlier year. For this purpose, a distribution does not include a rollover (other than a repayment of a qualified hurricane distribution), qualified charitable distribution, conversion, recharacterization, or return of certain contributions.
- You converted part, but not all, of your traditional, SEP, and SIMPLE IRAs to Roth IRAs in 2006 (excluding any portion

	you recharacterized) and you made nondeductible contributio					
1 2 3	Enter your nondeductible contributions to traditional IRAs for 2006, i 2006 from January 1, 2007, through April 16, 2007 (see page 5 of the Enter your total basis in traditional IRAs (see page 5 of the instructions Add lines 1 and 2	instru	ctions)	. 1	693,534 964,520 1,270,287	
	In 2006, did you take a distribution from traditional, SEP, or SIMPLE IRAs, or make a Roth IRA conversion? No Enter the a line 14. Do of Part I. Yes Go to line	not o	at from line 3 on complete the rest			
4	Enter those contributions included on line 1 that were made from Ja			4	7,920	
5	April 16, 2007			5	1,267,377	
6	Enter the value of all your traditional, SEP, and SIMPLE IRAs as of December 31, 2006, plus any outstanding rollovers. Subtract any repayments of qualified hurricane distributions. If the result is zero or less, enter -0- (see page 5 of the instructions)	6	269,993			
7	Enter your distributions from traditional, SEP, and SIMPLE IRAs in 2006. Do not include rollovers (other than repayments of qualified hurricane distributions), qualified charitable distributions, conversions to a Roth IRA, certain returned contributions, or recharacterizations of traditional IRA contributions (see page 6 of the instructions).	7	316,724			
8	Enter the net amount you converted from traditional, SEP, and SIMPLE IRAs to Roth IRAs in 2006. Do not include amounts converted that you later recharacterized (see page 6 of the instructions). Also enter this amount on line 16	88	15,760			
9 10	Add lines 6, 7, and 8	10	× .			
11	Multiply line 8 by line 10. This is the nontaxable portion of the amount you converted to Roth IRAs. Also enter this amount on line 17	11	14,128			
12	Multiply line 7 by line 10. This is the nontaxable portion of your distributions that you did not convert to a Roth IRA	12	305,679		040.450	
13	Add lines 11 and 12. This is the nontaxable portion of all your distribu				316,453 1,226,129	+
14	Subtract line 13 from line 3. This is your total basis in traditional IRAs for Subtract line 12 from line 7.		-	14-	297,350	+
	Subtract line 12 from line 7					
D	Also enter this amount on Form 8915, line 22				1,867	
С	Taxable amount. Subtract line 15b from line 15a. If more than zero, als	o incl	ude this amount o	n	000 000	
	Form 1040, line 15b; Form 1040A, line 11b; or Form 1040NR, line 16b				296,690	
	Note: You may be subject to an additional 10% tax on the amount on lage 59½ at the time of the distribution (see page 6 of the instructions)		с іт you were unde	er		
Eor I	age 3972 at the time of the distribution (see page 6 of the instructions)		Cat No. 6	3966E		(0000)

Form 8606 (2006)

NUMBER OF RETURNS FILED FOR SELECTED LINES

Page 2

Part II 2006 Conversions From Traditional, SEP, or SIMPLE IRAs to Roth IRAs

Complete this part if you converted part or all of your traditional, SEP, and SIMPLE IRAs to a Roth IRA in 2006 (excluding any portion you recharacterized).

Caution: If your modified adjusted gross income is over \$100,000 **or** you are married filing separately and you lived with your spouse at any time in 2006, you **cannot** convert any amount from traditional, SEP, or SIMPLE IRAs to Roth IRAs for 2006. If you erroneously made a conversion, you must recharacterize (correct) it (see page 6 of the instructions).

16	,		,				rwise, enter the r	,			
	you late	er recharacte	rized bad	ck to tradit		SIMPLE I	in 2006. Do not in RAs in 2006 or 20 		16	56,815	
17	-						se, enter your basi		17	14,788	
18	Taxabl	e amount. S	Subtract li	ine 17 fror	n line 16. Also	include t	his amount on Fo	rm 1040,	18	54,785	
Par	t III	Distribution Complete this notude a rol	s From s part on lover (ot	Roth IRA	As ook a distribut a repayment	tion from of a qua	a Roth IRA in 20 diffied hurricane of page 7 of the ins	06. For this purpo	ose, a		
19							06 including any c		19	296,108	
20			-	-	ses (see page		instructions). Do	not enter more	20	8,249	
21	Subtrac	ct line 20 fro	m line 19). If zero o	r less, enter -0)- and ski	p lines 22 through	n 25	21	290,807	
22	Enter y	our basis in	Roth IRA	contribut	ions (see page	e 7 of the	instructions) .		22	191,337	
23							lines 24 and 25. If structions)		23	169,295	
24	Enter y	our basis in	Roth IRA	conversio	ons (see page	7 of the in	nstructions) .		24	22,848	
							p lines 25b and 2		25a	149,022	
	Also er	nter this amo	unt on Fo	orm 8915,	line 23		ons (see page 8 of		25b	*	
С			; Form 1	1040A, line	11b; or Form	1040NR,	zero, also include line 16b		25c	150,273	
Are by It	Filing TI	only If You his Form I Not With eturn	knowledg		rjury, I declare tha it is true, correct,		amined this form, inclute.	iding accompanying a	ttachme	nts, and to the best	t of my
Paid		Preparer's signature	, ,	<u> </u>			Date	Check if self-	Prepa	arer's SSN or PTIN	
	arer's Only	Firm's name (if self-employe address, and	ed),) —				EIN Phone no.	()	

Form **8606** (2006)

^{*} Entry for this line is greater than zero, but too small to report

NUMBER OF RETURNS FILED FOR SELECTED LINES Tax for Children Under Age 18

With Investment Income of More Than \$1,700 ► Attach only to the child's Form 1040, Form 1040A, or Form 1040NR.

► See separate instructions.

OMB No. 1545-0074 Attachment Sequence No. **33**

Department of the Treasury Internal Revenue Service Child's name shown on return Child's social security number Total Forms Filed = 387,887

Befo	ore you begin:	Worksh	eet or has in	ncome f	from farn	ning or fis	hing, see	Pub.	en under age 18 929, Tax Rules for ax Worksheet on	or Childre	n and Depend	dents. It
Α	Parent's name (first	, initial, and	d last). Caution:	See instr	ructions be	fore complet	ting.			B Pare	nt's social securit	y numbei ,860
С	Parent's filing status	s (check o	ie).								1 1 00	,,,,,,
•	Single	_	arried filing jo	intly	☐ Mar	rried filing	separately		Head of househ	old [Qualifying w	idow(er)
Pai	<u> </u>		vestment l				0000.010.9		<u></u>		_ <u> </u>	
	0											
1	Enter the child'	e invoetr	ment income	(see in	etruction	ne)				1	385,246	
2				,		,	 rm 1040 <i>i</i>	 or Eo	rm 1040NR), ent	•		
_	\$1,700. Otherw					-				2	387,887	
3		,							of this form but c	In		
•	attach it to the										380,339	
4	Enter the child's	taxable							7; or Form 1040N			
	line 40. If the c										379,029	
5									of this form but c		075 400	
	attach it to the	child's r	eturn	<u> </u>	<u> </u>				<u> </u>	. 5	375,423	
Par	t II Tentati	ve Tax	Based on	the Ta	x Rate	of the P	arent					
6									e 27; Form 1040E			
									ter -0 If the pare		335,525	
_												
7	above. Do not								the parent name		150,633	
8	Add lines 5, 6,									. 8	376,436	
		•		•					-	.		
9		Divider	ds and Cap	oital Ga	in Tax \	Norksheet	t, Schedul	le D	e (see instructions Tax Worksheet, = 346,245 ▶ [376,436	
10	minimum tax; F include any tax	orm 104 from F the Qu	0EZ, line 11; orm 4972 o alified Divide	Form 1 r 8814. ends ar	1040NR, If the p nd Capi	line 41; or parent files tal Gain	Form 104 Form 25 Tax Work	IONR- 55 oi sheet	nus any alternati EZ, line 15. Do no r 2555-EZ, see th r, Schedule D Ta g 212,228	ot ne	334,517	
11			•	•		•			this amount on lir	ne		
	13 and go to Pa	art III								. 11	375,426	
	Add lines 5 and	-						12a			380,336	
	Divide line 5 by	line 12								. 12b	× .	
13 Par										. 13	374,773	
r ai	CIII OIIIIG 3	Tux II	iiics + and	<i>a o abc</i>	ove are	the same	c, critci	0 01	Time to and ge	, to line	TO.	I
14	Subtract line 5	from line	e 4					14	354,885			
15		Dividend	s and Capit	tal Gain	n Tax W	orksheet,	Schedule	e D	see instructions). Tax Worksheet, I = 303,171 ▶ [355,535	
			,	5	. , -		-	-	_			
16	Add lines 13 ar	nd 15								. 16	375,423	
17		Dividend	s and Capit	tal Gain	n Tax W	/orksheet,	Schedule	e D	see instructions). Tax Worksheet, = 312,672		375,423	
18	Enter the large	r of line	16 or line 17	7 here a	and on th	he child's	Form 104	l0, lin	e 44; Form 1040	Δ,	375.423	

NUMBER OF RETURNS FILED FOR SELECTED LINES Credit for Prior Year Minimum Tax-**Individuals, Estates, and Trusts**

► See separate instructions.

Attachment Sequence No. **74**

OMB No. 1545-1073

Department of the Treasury Internal Revenue Service (99) Name(s) shown on return

► Attach to Form 1040, 1040NR, or 1041.

Total Forms Filed = 1,340,076

Identifying number

Pa	rt I Net Minimum Tax on Exclusion Items		
1	Combine lines 1, 6, and 10 of your 2005 Form 6251. Estates and trusts, see instructions	1	1,309,550
2	Enter adjustments and preferences treated as exclusion items (see instructions)	2	1,191,198
3	Minimum tax credit net operating loss deduction (see instructions)	3	(6,901
4	Combine lines 1, 2, and 3. If zero or less, enter -0- here and on line 15 and go to Part II. If more than \$191,000 and you were married filing separately for 2005, see instructions	4	1,280,978
5	Enter: \$58,000 if married filing jointly or qualifying widow(er) for 2005; \$40,250 if single or head of household for 2005; or \$29,000 if married filing separately for 2005. Estates and trusts, enter \$22,500	5	1,340,076
6	Enter: \$150,000 if married filing jointly or qualifying widow(er) for 2005; \$112,500 if single or head of household for 2005; or \$75,000 if married filing separately for 2005. Estates and trusts, enter \$75,000	6	1,340,076
7	Subtract line 6 from line 4. If zero or less, enter -0- here and on line 8 and go to line 9	7	905,323
8	Multiply line 7 by 25% (.25)	8	905,323
9	Subtract line 8 from line 5. If zero or less, enter -0 If this form is for a child under age 14, see instructions	9	1,119,860
10	Subtract line 9 from line 4. If zero or less, enter -0- here and on line 15 and go to Part II. Form 1040NR filers, see instructions	10	1,216,710
11	• If for 2005 you reported capital gain distributions directly on Form 1040, line 13; you reported qualified dividends on Form 1040, line 9b (Form 1041, line 2b(2)); or you had a gain on both lines		Using Part III = 866,582
	15 and 16 of Schedule D (Form 1040) (lines 14a and 15, column (2), of Schedule D (Form 1041)), complete Part III of Form 8801 and enter the amount from line 46 here.	11	1,210,088
	• All others: If line 10 is \$175,000 or less (\$87,500 or less if married filing separately for 2005), multiply line 10 by 26% (.26). Otherwise, multiply line 10 by 28% (.28) and subtract \$3,500 (\$1,750 if married filing separately for 2005) from the result.		
12	Minimum tax foreign tax credit on exclusion items (see instructions)	12	147,316
13	Tentative minimum tax on exclusion items. Subtract line 12 from line 11	13	1,207,212
14	Enter the amount from your 2005 Form 6251, line 34, or 2005 Form 1041, Schedule I, line 55	14	1,218,987
15	Net minimum tax on exclusion items. Subtract line 14 from line 13. If zero or less, enter -0-	15	907,440
Pa	rt II Minimum Tax Credit and Carryforward to 2007		
16	Enter the amount from your 2005 Form 6251, line 35, or 2005 Form 1041, Schedule I, line 56	16	1,093,122
17		17 18	907,366
18	Subtract line 17 from line 16. If less than zero, enter as a negative amount	18	783,464
19	2005 minimum tax credit carryforward. Enter the amount from your 2005 Form 8801, line 26	13	7 00,707
20	Enter the total of your 2005 unallowed nonconventional source fuel credit and 2005 unallowed qualified electric vehicle credit (see instructions)	20	7,758
21	Combine lines 18, 19, and 20. If zero or less, stop here and see instructions	21	1,263,417
22	Enter your 2006 regular income tax liability minus allowable credits (see instructions)	22	1,173,669
23	Enter the amount from your 2006 Form 6251, line 33, or 2006 Form 1041, Schedule I, line 54.	23	1,146,524
24	Subtract line 23 from line 22. If zero or less, enter -0-	24	359,035
25	Minimum tax credit. Enter the smaller of line 21 or line 24. Also enter this amount on your 2006 Form 1040, line 55; Form 1040NR, line 50; or Form 1041, Schedule G, line 2d	25	359,035
26	Minimum tax credit carryforward to 2007. Subtract line 25 from line 21. Keep a record of this amount because you may use it in future years	26	1,035,157

Page 2

Part III Tax Computation Using Maximum Capital Gains Rates

	Caution. If you did not complete the 2005 Qualified Dividends and Capital Gain Tax Worksheet, the 2005 Schedule D Tax Worksheet, or Part V of the 2005 Schedule D (Form 1041), see the instructions before completing this part.		
27 28	Enter the amount from Form 8801, line 10	27	
	If you figured your 2005 tax using the 2005 Qualified Dividends and Capital Gain Tax Worksheet, skip line 29 and enter the amount from line 28 on line 30. Otherwise, go to line 29.		
29	Enter the amount from line 19 of your 2005 Schedule D (Form 1040), or line 14b, column (2), of the 2005 Schedule D (Form 1041) 29		
30	Add lines 28 and 29, and enter the smaller of that result or the amount from line 10 of your 2005 Schedule D Tax Worksheet	24	
31 32	Enter the smaller of line 27 or line 30	31	
33	If line 32 is \$175,000 or less (\$87,500 or less if married filing separately for 2005), multiply line 32 by 26% (.26). Otherwise, multiply line 32 by 28% (.28) and subtract \$3,500 (\$1,750 if married		
34	filing separately for 2005) from the result	33	
	 \$59,400 if married filing jointly or qualifying widow(er) for 2005, \$29,700 if single or married filing separately for 2005, \$39,800 if head of household for 2005, or \$2,000 for an estate or trust		
35	Enter the amount from line 7 of your 2005 Qualified Dividends and Capital Gain Tax Worksheet, the amount from line 14 of your 2005 Schedule D Tax Worksheet, or the amount from line 23 of the 2005 Schedule D (Form 1041), whichever applies. If you did not complete either worksheet or Part V of the 2005 Schedule D (Form 1041), enter -0		
36	Subtract line 35 from line 34. If zero or less, enter -0		
37 38	Enter the smaller of line 27 or line 28		
39 40	Multiply line 38 by 5% (.05)	39	
41	Multiply line 40 by 15% (.15)	41	
	If line 29 is zero or blank, skip lines 42 and 43 and go to line 44. Otherwise, go to line 42.		
42	Subtract line 37 from line 31	43	
43 44	Multiply line 42 by 25% (.25)	44	
45	If line 27 is \$175,000 or less (\$87,500 or less if married filing separately for 2005), multiply line 27 by 26% (.26). Otherwise, multiply line 27 by 28% (.28) and subtract \$3,500 (\$1,750 if married	45	
	filing separately for 2005) from the result		
46	Enter the smaller of line 44 or line 45 here and on line 11	46	

^{*} The 2005 Qualified Dividends and Capital Gain Tax Worksheet is on page 38 of the 2005 Instructions for Form 1040. The 2005 Schedule D Tax Worksheet is on page D-9 of the 2005 Instructions for Form 1041).

Additional Child Tax Credit

NUMBER OF RETURNS FILED FOR SELECTED LINES 1040 1040A 1040NR 8812

OMB No. 1545-0074

Department of the Treasury Internal Revenue Service (99)

Complete and attach to Form 1040, Form 1040A, or Form 1040NR.

Sequence No. 47

ivame	e(s) snown on return	Total Forms Filed = 15,717	7.145		Your so	ciai security number
Pa	rt I All File		,			_
1	page 38 of the F	t from line 1 of your Child Tax Credit Worksheet on page 43 of form 1040A instructions, or page 20 of the Form 1040NR in mount from line 8 of the worksheet on page 4 of the publication	struction			15,716,985
2	Enter the amoun	at from Form 1040, line 53, Form 1040A, line 33, or Form 1	040NR,	line 48	. 2	8,709,852
3		from line 1. If zero, stop ; you cannot take this credit	 ∣ 4a		. 3	15,675,905
4a b	Nontaxable com	earned income (see instructions on back)	74	10,000,021		
5	Is the amount or	n line 4a more than \$11,300?				
		line 5 blank and enter -0- on line 6. ct \$11,300 from the amount on line 4a. Enter the result	5	15,480,990		
6	Multiply the am	ount on line 5 by 15% (.15) and enter the result ave three or more qualifying children?			. 6	15,480,990
	smalle	6 is zero, stop; you cannot take this credit. Otherwise, ser of line 3 or line 6 on line 13.	•			
		6 is equal to or more than line 3, skip Part II and enter th 3. Otherwise, go to line 7.	e amou	nt from line 3 on		
Pa		n Filers Who Have Three or More Qualifying Cl	hildrer	<u> </u>		
7		security and Medicare taxes from Form(s) W-2, boxes 4 and				
,	6. If married fili	ng jointly, include your spouse's amounts with yours. If you lroad, see instructions on back	7	1,572,891		
8	1040 filers:	Enter the total of the amounts from Form 1040, lines 27 and 59, plus any uncollected social security and Medicare or tier 1 RRTA taxes included on line 63.	8	345,320		
	1040A filers: 1040NR filers:	Enter -0 Enter the total of the amounts from Form 1040NR, line 54, plus any uncollected social security and Medicare or tier 1 RRTA taxes included on line 58.				
9	Add lines 7 and	8	9	1,741,405		
10	1040 filers:	Enter the total of the amounts from Form 1040, lines 66a and 67.				
	1040A filers:	Enter the total of the amount from Form 1040A, line 40a, plus any excess social security and tier 1 RRTA taxes withheld that you entered to the left of line 43 (see instructions on back).	10	1,028,278		
	1040NR filers:	Enter the amount from Form 1040NR, line 61.				
11	Subtract line 10	from line 9. If zero or less, enter -0			. 11	940,833
12	Enter the larger	of line 6 or line 11			. 12	1,760,190
	Next, enter the	smaller of line 3 or line 12 on line 13.				
Pa	t III Additio	onal Child Tax Credit				
13	This is your a	dditional child tax credit			13	15,590,592
				1040L 1040A	Fo Fo	ter this amount on rm 1040, line 68, rm 1040A, line 41, or rm 1040NR, line 62.

Department of the Treasury Internal Revenue Service

Name(s) shown on your return

NUMBER OF RETURNS FILED FOR SELECTED LINES **Parents' Election To Report**

Child's Interest and Dividends

► See instructions.

Total Forms Filed = 294,748

► Attach to parents' Form 1040 or Form 1040NR.

OMB No. 1545-0074 Attachment Sequence No. 40

Your social security number

if yo	tion. The federal income tax on your child's income, including qualified dividends and capital gau file a separate tax return for the child instead of making this election. This is because you can your child could take on his or her own return. For details, see Tax benefits you cannot take or	nnot ta	ke certain tax be	
Α	Child's name (first, initial, and last) Combined Totals for Form 8814		ld's social security r Child's SSN = 18	
	Combined Totals for Form 8614	150	ZIIIU S 33IN – 10	4,704
С	If more than one Form 8814 is attached, check here . 2nd Child's SSN = 82,690 . 3rd Child's	s SSN	= 23,471	
Par	child's Interest and Dividends To Report on Your Return			
1a	Enter your child's taxable interest. If this amount is different from the amounts shown on the child's Forms 1099-INT and 1099-OID, see the instructions	1a	83,521	
b	Enter your child's tax-exempt interest. Do not include this amount on line 1a			
	Enter your child's ordinary dividends, including any Alaska Permanent Fund dividends. If your child received any ordinary dividends as a nominee, see the instructions	2a	149,773	
b	Enter your child's qualified dividends included on line 2a. See the instructions			
3	Enter your child's capital gain distributions. If your child received any capital gain distributions as a nominee, see the instructions	3	78,331	
4	Add lines 1a, 2a, and 3. If the total is \$1,700 or less, skip lines 5 through 12 and go to line 13. If the total is \$8,500 or more, do not file this form. Your child must file his or her own return to report the income.	4	185,721	
5	Base amount	5	1,700	00
6	Subtract line 5 from line 4	6	68,405	
	If both lines 2b and 3 are zero or blank, skip lines 7 through 10, enter -0- on line 11, and go to line 12. Otherwise, go to line 7.			
7	Divide line 2b by line 4. Enter the result as a decimal (rounded to at least three places)	_		
8	Divide line 3 by line 4. Enter the result as a decimal (rounded to at least three places)	-		
9	Multiply line 6 by line 7. Enter the result here. See the instructions for where to report this amount on your return	-		
10	Multiply line 6 by line 8. Enter the result here. See the instructions for where to report this amount on your return		50.070	
11	Add lines 9 and 10	11	50,873	
12	Subtract line 11 from line 6. Include this amount in the total on Form 1040, line 21, or Form 1040NR, line 21. In the space next to line 21, enter "Form 8814" and show the amount. If you checked the box on line C above, see the instructions. Go to line 13 below	12	64,875	
Par			- ,	
		13	850	00
13 14	Amount not taxed	14	176,994	
15	Tax. Is the amount on line 14 less than \$850?		,	
	No. Enter \$85 here and see the Note below.	15	176,991	
Note	☐ Yes. Multiply line 14 by 10% (.10). Enter the result here and see the Note below. ∫ e. If you checked the box on line C above, see the instructions. Otherwise, include the amount fro	m line	15 in the tax you	enter

on Form 1040, line 44, or Form 1040NR, line 41. Be sure to check box a on Form 1040, line 44, or Form 1040NR, line 41.

2006 ESTIMATED DATA LINE COUNTS - (ALL FIGURES ARE ESTIMATES BASED ON SAMPLES)

NUMBER OF RETURNS FILED FOR SELECTED LINES

Like-Kind Exchanges (and section 1043 conflict-of-interest sales)

Department of the Treasury Internal Revenue Service

► Attach to your tax return.

Attachment Sequence No. **109**

Identifying number

Name(s) shown on tax return

Total Forms Filed = 207,687

Pa	rt I Information on the Like-Kind Exchange								
1	Note: If the property described on line 1 or line 2 is real or personal property given up ▶								
2	Description of like-kind property received ►								
3	Date like-kind property given up was originally acquired (month,	day, year) .		3	/	/			
4	Date you actually transferred your property to other party (month	n, day, year) .		4	/	/			
5 Date like-kind property you received was identified by written notice to another party (month, day, year). See instructions for 45-day written notice requirement									
6	Date you actually received the like-kind property from other party (mor	nth, day, year). S	ee instructions	6	/	/			
7	Was the exchange of the property given up or received made wit (such as through an intermediary)? See instructions. If "Yes," com	h a related part oplete Part II. If	y, either directly "No," go to Part	or inc	lirectly	es [□No		
8 8	rt II Related Party Exchange Information Name of related party	Relations	hip to you	Relate	ed party's ident	ifying n	umber		
	Address (no., street, and apt., room, or suite no., city or town, state, and ZIP code)							
9	During this tax year (and before the date that is 2 years after the exchange), did the related party directly or indirectly (such as three part of the like-kind property received from you in the exchange?	ough an interme	ediary) sell or dis	pose	of any	es [□No		
10	During this tax year (and before the date that is 2 years after the exchange), did you sell or dispose of any part of the like-kind pro			-		es [□No		
	If both lines 9 and 10 are "No" and this is the year of the exchange, year of the exchange, stop here. If either line 9 or line 10 is "Yes," or gain or (loss) from line 24 unless one of the exceptions on line 11 ap	omplete Part III							
11	If one of the exceptions below applies to the disposition, check	the applicable	oox:						
а	☐ The disposition was after the death of either of the related pa	arties.							
b	☐ The disposition was an involuntary conversion, and the threa	t of conversion	occurred after t	he exc	change.				
c	You can establish to the satisfaction of the IRS that neither principal purpose. If this box is checked, attach an explanat	•		on ha	d tax avoida	ance a	as its		

Form 8824 (2006) NUMBER OF RETURNS FILED FOR SELECTED LINES Name(s) shown on tax return. Do not enter name and social security number if shown on other side. Your social security number Realized Gain or (Loss), Recognized Gain, and Basis of Like-Kind Property Received Caution: If you transferred and received (a) more than one group of like-kind properties or (b) cash or other (not like-kind) property, see Reporting of multi-asset exchanges in the instructions. Note: Complete lines 12 through 14 only if you gave up property that was not like-kind. Otherwise, go to line 15. 4,817 12 Fair market value (FMV) of other property given up 3.924 13 Gain or (loss) recognized on other property given up. Subtract line 13 from line 12. Report the 3,568 14 gain or (loss) in the same manner as if the exchange had been a sale Caution: If the property given up was used previously or partly as a home, see Property used as home in the instructions. Cash received, FMV of other property received, plus net liabilities assumed by other party, reduced 29.829 15 (but not below zero) by any exchange expenses you incurred (see instructions) 16 190,436 17 192,625 17 Adjusted basis of like-kind property you gave up, net amounts paid to other party, plus any 18 203,988 18 19 200,808 19 20 24,817 Enter the smaller of line 15 or line 19, but not less than zero 20 4.664 21 21 Ordinary income under recapture rules. Enter here and on Form 4797, line 16 (see instructions) . Subtract line 21 from line 20. If zero or less, enter -0-. If more than zero, enter here and on Schedule 23,307 22 D or Form 4797, unless the installment method applies (see instructions) 23 25,447 23 24 198,204 Deferred gain or (loss). Subtract line 23 from line 19. If a related party exchange, see instructions Basis of like-kind property received. Subtract line 15 from the sum of lines 18 and 23. . . 203,364 Part IV Deferral of Gain From Section 1043 Conflict-of-Interest Sales Note: This part is to be used only by officers or employees of the executive branch of the Federal Government for reporting nonrecognition of gain under section 1043 on the sale of property to comply with the conflict-of-interest requirements. This part can be used only if the cost of the replacement property is more than the basis of the divested property. 26 Enter the number from the upper right corner of your certificate of divestiture. (Do not attach a copy of your certificate. Keep the certificate with your records.). 27 Description of divested property ► 28 Description of replacement property ► 29 Date divested property was sold (month, day, year) 30 30 Sales price of divested property (see instructions). . . 31 31 Basis of divested property 32 32 Realized gain. Subtract line 31 from line 30 . . . 33 Cost of replacement property purchased within 60 days after date 34 34 35 Ordinary income under recapture rules. Enter here and on Form 4797, line 10 (see instructions)

Subtract line 35 from line 34. If zero or less, enter -0-. If more than zero, enter here and on

Deferred gain. Subtract the sum of lines 35 and 36 from line 32

Basis of replacement property. Subtract line 37 from line 33

36

36

37

38

2006 ESTIMATED DATA LINE COUNTS - (ALL FIGURES ARE ESTIMATES BASED ON SAMPLES)

Form

NUMBER OF RETURNS FILED FOR SELECTED LINES

Qualified Adoption Expenses

► Attach to Form 1040 or 1040NR.

OMB No. 1545-0074 Attachment Sequence No. 38

Department of the Treasury Internal Revenue Service

► See separate instructions.

lame(s) shown on return	Your social security number
Total Forms Filed = 98,629	

Before you begin: See Definitions on page 1 of the instructions. Information About Your Eligible Child or Children-You must complete this part. See page 2 of the

	instructions for o	details, including w	nat to	ao ii you n	eed m	ore s	pace.	-				
1						Check	if child was-					
-	(a) Child's			(b) Child's year	(c) born b		(d) a child	(e)		(f) Child's		
				of birth	1989	and	with special	foreign	i	identifying nu	ımber	
	First	Last			disal	oled	needs	child				
Child 1				96,686	*		20,705	28,080		: :	97,	573
Child										1 1		
2				14,194	0		7,623	5,107			15,	190
Caut	tion. If the child was a f	oreign child, see Spe	cial r	ules in the ins	tructio	ns for	line 1, col	umn (e),	that be	egin on pa	ige 2, l	oefore
you (complete Part II or Part	III. If you received en	nploye	er-provided a	doptio	n ber	nefits, com	plete Pa	art III on	the back	next.	
Par	t II Adoption Credi	t										
				Child	1		Child	2				
									_			
2	Maximum adoption cre	•	2	\$10,96	50 0	0	\$10,96	60 00	_			
3	Did you file Form 883	9 for a prior year										
	for the same child?	,										
	No. Enter -0		3									
	Yes. See page 4 of for the amount to 6		3						-			
4	Subtract line 3 from line		4									
4 5	Qualified adoption exp		-									
•	of the instructions) .		5	58,811			3,328					
	Caution. Your qualified											
	expenses may not be ed	•										
	adoption expenses you	paid in 2006.										
6	Enter the smaller of lin	e 4 or line 5	6							50.07		
7	Add the amounts on lin	· · · · · · · · · · · · · · · · · · ·		-		0- on	line 12 .		7	56,07	5	
8	Modified adjusted gross	, , ,	f the ir	nstructions) .	. 8	3			-			
9	Is line 8 more than \$16											
	•	nd 10, and enter -0-			9	,						
40	Yes. Subtract \$164				. —		., ,					
10	Divide line 9 by \$40,00 Do not enter more than			imai (rounded	to at	ieast	three place	s).	10	×		
11	Multiply line 7 by line 1								11			
12	Subtract line 11 from line								12	56,65	57	
13	Credit carryforward fro						Workshee	et on				
	page 5 of the 2005 Fo								13	49,93	8	
14	Add lines 12 and 13.								14	97,12	27	
15	Enter the amount from F	orm 1040, line 46, or l	Form 1	040NR, line 4	3 . 1	5						
16	1040 filers: Enter th	e total of any amounts	from)								
		040, lines 47 through 5		· 1								
		396, line 11; and Form		/	10	b						
	1040NR filers: Enter th											
		040NR, lines 44 throum 8396, line 11; and	_									
	line 12.		· OIIII	5555, 7								

14, you may have a credit carryforward (see page 4 of the instructions)

Adoption credit. Enter the smaller of line 14 or line 17 here and include on Form 1040, line 54, or Form 1040NR, line 49. Check box b on that line. If line 17 is smaller than line

Subtract line 16 from line 15

17

18

93,369

Page 2

Part III Employer-Provided Adoption Benefits

			Child 1		Child 2				
19	Maximum exclusion per child	19	\$10,960	00	\$10,960	00			
20	☐ res. See page 4 of the instructions (—	20							
21	for the amount to enter. Subtract line 20 from line 19	21							
22	Employer-provided adoption benefits you received in 2006. This amount should be shown in box 12 of your 2006 Form(s) W-2 with code T	22							
23	Add the amounts on line 22						23	6,532	
24	Enter the smaller of line 21 or line 22. But if the child was a child with special needs and the adoption became final in 2006, enter the amount from line 21	24							
25	Add the amounts on line 24. If zero, skip lines -0- on line 30, and go to line 31	26	through 29, enter	25					
26	Modified adjusted gross income (from the worksheet on page 6 of the instructions)								
27	Is line 26 more than \$164,410? No. Skip lines 27 and 28, and enter -0- on line 29. Yes. Subtract \$164,410 from line 26								
28	Divide line 27 by \$40,000. Enter the result as to at least three places). Do not enter more			28	× .				
29	Multiply line 25 by line 28			29					
30	Excluded benefits. Subtract line 29 from lin	ne 2	5				30	5,143	
31	Taxable benefits. Is line 30 more than line 3. No. Subtract line 30 from line 23. Also, i line 7 of Form 1040 or line 8 of Form 7 of Form 1040 or line 8 of Form 1. ✓ Yes Subtract line 30 from line 30. Fator	31	1,694						
	☐ Yes. Subtract line 23 from line 30. Enter the total you would enter on line 7 by the amount on Form 8839, line 3 or line 8 of Form 1040NR. Enter "S line.								



You may be able to claim the adoption credit in Part II on the front of this form if either of the following applies.

- The total adoption expenses you paid in 2006 were not fully reimbursed by your employer and the adoption became final in 2006 or earlier.
- You adopted a child with special needs and the adoption became final in 2006.

NUMBER OF RETURNS FILED FOR SELECTED LINES Empowerment Zone and Renewal Community Employment Credit

► Attach to your tax return.

OMB No. 1545-1444

2066

Attachment
Sequence No. 99

Department of the Treasury Internal Revenue Service Name(s) shown on return

7 Attaon to your tax rotain

Attachment Sequence No. 99 Identifying number

Name	(s) shown on return Total Forms Filed = 38,475	Identifying	number
Pai	t I Current Year Credit		
	Enter the total qualified wages paid or incurred during calendar year 2006 only (see instructions)		
1		1	312
a b	Qualified empowerment zone wages \$		1,041
2	Add lines 1a and 1b. You must subtract this amount from your deduction for salaries and wages	'	,-
3	Employment zone and renewable community employment credit from parterships, S corporations	' T	
3	cooperatives, estates, and trusts		
4	Add lines 2 and 3. Partnerships and S corporations, report this amount on Schedule K; all others		
5	continue on to line 5		
3	activities (see instructions)	1 _ 1	
6	Subtract line 5 from line 4		
7	Passive activity credit allowed for 2006 (see instructions)		5,794
8	Carryforward of empowerment zone and renewal community employment credit to 2006		7,252
9	Carryback of empowerment zone and renewal community employment credit from 2007 (see instructions)	9	
10	Add lines 6 through 9. Cooperatives, estates, and trusts, continue on to line 11. All others, use this		
10	amount to complete Part II		35,760
11	Amount allocated to the patrons of the cooperative or the beneficiaries of the estate or trust (see instructions)		
12	Cooperatives, estates, and trusts. Subtract line 11 from line 10. Use this amount to complete Part II	12	
Par	t II Allowable Credit		ļ
13	Regular tax before credits:		
•	Individuals. Enter the amount from Form 1040, line 44; Form 1040NR, line 41		
•	Corporations. Enter the amount from Form 1120, Schedule J, line 2; Form 1120-A, Part I, line 1; or the applicable line of your return	13	
•	Estates and trusts. Enter the sum of the amounts from Form 1041, Schedule G, lines 1a and 1b, or the amount from the applicable line of your return		
14	Alternative minimum tax:		
17	Individuals. Enter the amount from Form 6251, line 35		
	Corporations. Enter the amount from Form 4626, line 14	. 14	9,725
	Estates and trusts. Enter the amount from Form 1041, Schedule I, line 56		,
15	Add lines 13 and 14	15	
	1 1		
16a	Foreign tax credit		
b	Qualified electric vehicle credit (Form 8834, line 20)		
	Alternative motor vehicle credit (Form 8910, line 18)		
	Alternative fuel vehicle refueling property credit (Form 8911, line 19)		
		16f	
17	Add lines 16a through 16e	17	35,225
	1 10 1 05 447 1		00,220
18 10	10 20 471		
19	Terrative minimum tax (see instructions)		
20	Enter 25% (.25) of the excess, if any, of line 18 over \$25,000 (see instructions)		
21	instructions)		
22	Enter the greater of line 20 or line 21	22	
22 23	Subtract line 22 from line 17. If zero or less, enter -0-		
23 24	General business credit (see instructions)		
24 25			
25 26	Subtract line 24 from line 23		
20	line 25. Report this amount on Form 1041, Schedule G, line 2c; or Form 1120-C, Schedule J, line 5c. I		
	line 25 is smaller than line 12, see instructions. All others. Enter the smaller of line 10 or line 25. Report		
	this amount on Form 1040, line 55; Form 1040NR, line 50; Form 1120, Schedule J, line 5c; Form 1120-A		
	Part I, line 2; or the applicable line of your return. If line 25 is smaller than line 12, see instructions .	26	32,209

NUMBER OF RETURNS FILED FOR SELECTED LINES Archer MSAs and **Long-Term Care Insurance Contracts**

OMB No. 1545-0074

Department of the Treasury Internal Revenue Service (99)

Attachment

▶ Attach to Form 1040 or Form 1040NR. Sequence No. 39 See separate instructions. Social security number of MSA Name(s) shown on return account holder. If both spouses Total Forms Filed = 89,940 have MSAs, see page 1 of the instructions ▶ Section A. Archer MSAs. If you have only a Medicare Advantage MSA, skip Section A and complete Section B. Part I **General Information.** See page 2 of the instructions. Yes No Yes = 37.193 1a Did you or your employer make contributions to your Archer MSA for 2006? **1b** Yes = 21,378 **b** If "Yes," were you uninsured when the MSA was established (see page 2 of the instructions)?. . . . **c** If line 1a is "Yes," indicate coverage under high deductible health plan:

Self-Only or
Family 2a | Yes = 26,266 2a If married, did your spouse or spouse's employer make contributions to your spouse's Archer MSA for 2006? **2b** Yes = 3,909 **b** If "Yes," was your spouse uninsured when the MSA was established (see page 2 of the instructions)? . . . c If line 2a is "Yes," indicate coverage under high deductible health plan: ☐ Self-Only or ☐ Family Archer MSA Contributions and Deductions. See page 2 of the instructions before completing this part. If you are filing jointly and both you and your spouse have high deductible health plans with self-only coverage, complete a separate Part II for each spouse (see page 2 of the instructions). Total employer contributions to your Archer MSA(s) for 2006 . . . 3 Archer MSA contributions you made for 2006, including those made from January 1, 2007, through 4 23,010 April 16, 2007, that were for 2006. Do not include rollovers (see page 4 of the instructions) 5 19,831 5 Compensation (see page 3 of the instructions) from the employer maintaining the high deductible health plan. (If self-employed, enter your earned income from the trade or business under which 6 21.205 the high deductible health plan was established.) Archer MSA deduction. Enter the smallest of line 4, 5, or 6 here and on Form 1040, line 23, or 18,668 7 Form 1040NR, line 23 . . . Caution: If line 4 is more than line 7, you may have to pay an additional tax (see page 4 of the instructions). Part III Archer MSA Distributions 8a Total distributions you and your spouse received in 2006 from all Archer MSAs (see page 4 of 22.336 8a **b** Distributions included on line 8a that you rolled over to another Archer MSA or a health savings account. Also include any excess contributions (and the earnings on those excess contributions) included on 1,686 8b line 8a that were withdrawn by the due date of your return (see page 4 of the instructions) 21,408 8c 18.361 9 Unreimbursed qualified medical expenses (see page 4 of the instructions). Taxable Archer MSA distributions. Subtract line 9 from line 8c. If zero or less, enter -0-. Also include this amount in the total on Form 1040, line 21, or Form 1040NR, line 21. On the dotted 3.097 10 11a If any of the distributions included on line 10 meet any of the Exceptions to the Additional 15% Tax (see page 4 of the instructions), check here Boxes Checked = * ▶ □ b Additional 15% tax (see page 4 of the instructions). Enter 15% (.15) of the distributions included on line 10 that are subject to the additional 15% tax. Also include this amount in the total on Form 1040, line 63, or Form 1040NR, line 58. On the dotted line next to Form 1040, line 63, or 1.805 Medicare Advantage MSA Distributions. If you are filing jointly and both you and your spouse received Section B. distributions in 2006 from a Medicare Advantage MSA, complete a separate Section B for each spouse (see page 4 of the instructions). Total distributions you received in 2006 from all Medicare Advantage MSAs (see page 4 of the 1,515 12 539 13 13 Unreimbursed qualified medical expenses (see page 5 of the instructions) Taxable Medicare Advantage MSA distributions. Subtract line 13 from line 12. If zero or less, enter -0-. Also include this amount in the total on Form 1040, line 21, or Form 1040NR, line 21. 14 1.016 On the dotted line next to line 21, enter "Med MSA" and the amount 15a If any of the distributions included on line 14 meet any of the Exceptions to the Additional b Additional 50% tax (see page 5 of the instructions). Also include this amount in the total on Form 1040, line 63, or Form 1040NR, line 58. On the dotted line next to Form 1040, line 63, or

15b

1.016

24

2006 ESTIMATED DATA LINE COUNTS - (ALL FIGURES ARE ESTIMATES BASED ON SAMPLES) NUMBER OF RETURNS FILED FOR SELECTED LINES Attachment Sequence No. 39 Form 8853 (2006) Page 2 Name of policyholder (as shown on Form 1040) Social security number of policyholder > Section C. Long-Term Care (LTC) Insurance Contracts. See Filing Requirements for Section C on page 6 of the instructions before completing this section. **16a** Name of insured ▶ ______ **b** Social security number of insured ▶ ____ In 2006, did anyone other than you receive payments on a per diem or other periodic basis under a qualified LTC insurance contract covering the insured or receive accelerated death benefits under a life insurance ☐ No Was the insured a terminally ill individual? Yes boxes checked = * Tes No Note: If "Yes" and the only payments you received in 2006 were accelerated death benefits that were paid to you because the insured was terminally ill, skip lines 19 through 27 and enter -0- on line 28. Gross LTC payments received on a per diem or other periodic basis. Enter the total of the amounts from box 1 of all Forms 1099-LTC you received with respect to the insured on which the "Per 19 38,951 Caution: Do not use lines 20 through 28 to figure the taxable amount of benefits paid under an LTC insurance contract that is not a qualified LTC insurance contract. Instead, if the benefits are not excludable from your income (for example, if the benefits are not paid for personal injuries or sickness through accident or health insurance), report the amount not excludable as income on Form 1040, line 21. 32,564 20 20 Enter the part of the amount on line 19 that is from qualified LTC insurance contracts . . . Accelerated death benefits received on a per diem or other periodic basis. Do not include any 21 680 21 amounts you received because the insured was terminally ill (see page 7 of the instructions). 22 33.244 22 Note: If you checked "Yes" on line 17 above, see Multiple Payees on page 7 of the instructions before completing lines 23 through 27.

Multiply \$250 by the number of days in the LTC period

Costs incurred for qualified LTC services provided for the insured

33,311

23

Education Credits (Hope and Lifetime Learning Credits)

► See instructions.

► Attach to Form 1040 or Form 1040A.

OMB No. 1545-0074

206
Attachment
Sequence No. 50

Department of the Treasury Internal Revenue Service (99) Name(s) shown on return

Total Forms Filed = 7 914 009

Your social security number

	(o) one mi on rotain	Total For	ms Filed = 7,8	314,0	08							
Cau	tion: You cannot take the	Hope credit and the	lifetime learnir	ng cre	edit for the	e san	ne stud	lent in	the s	ame j	year.	
Pai		ution: You cannot to										t.
1	(a) Student's name (as shown on page 1 of your tax return) First name Last name	(b) Student's social security number (as shown on page 1 of your tax return)	(c) Qualifie expenses (s instructions). not enter m than \$2,200* each stude	Do ore for	colum	e r of tunt ir	the n or	colum	Add n (c) a mn (c		(f) Enter or of the amo	ount in
		21164 550									3,146,001	
	Student # 1	3,161,550	3,161,550								<u> </u>	
	Student # 2 Student # 3	136,619 3,085	136,619 3,085								136,619 3,085	
	Student # 4	*	*								*	
	* For each student who attended ** For each student who attended column (c) or \$2,200.								in			
2	Tentative Hope credit. A										3,163,874	
Dar	credit for another studen		vise, go to Par	rt III ,	· · · ·	•	· · ·			2	3,103,074	
3	number (as shown or										(c) Quali	(see
	First name	Last n	ame	04	1			f your tax	returr	1)	instruction	
					dent # 1 dent # 2		4,848,33 210,86				4,848,338 211,515	
					dent # 3		4,663	+ ;			· ·	d. #4 = *
4	Add the amounts on line	2 column (a) and ar	ator the total				*	_i		4	4,848,339	
4 5a	Enter the smaller of line	4 or \$10 000				•			•	5a	4,848,338	
	For students who attended							 one en	ter		, ,	
	the smaller of \$10,000 or									5b	126,171	
С	Subtract line 5b from line								,	5с	4,716,320	
6a	Multiply line 5b by 40% ((.40)								6a	126,171	
b	Multiply line 5c by 20% ((.20)								6b	4,716,320	
	Tentative lifetime learni		oa and 6b and	go to	o Part III	•				6c	4,848,350	
	t III Allowable Educ									7	7 707 425	
7	Tentative education cred					٠.				7	7,797,425	
8	Enter: \$110,000 if married or qualifying widow(er) .	I filing jointly; \$55,000	if single, head o	of hou	isehold,	8	7,81	1.681				
9	Enter the amount from Fe	orm 1040 line 38* o		line 2	2	9	7,81	·		-		
10	Subtract line 9 from line									-		
			• • •		1	10	7,77	1,665				
11	Enter: \$20,000 if married or qualifying widow(er)	filing jointly; \$10,000 i	•			11	7,77	1,665		-		
12	If line 10 is equal to or line 14. If line 10 is less (rounded to at least three	than line 11, divide	line 10 by lin	e 11.	Enter th	e res	ult as	a decin		12	7,770,651 × •	
13	Multiply line 7 by line 12								•	13	7,757,338	
14	Enter the amount from Fo				1	14	7,73	7,953				
15	Enter the total, if any, of yor Form 1040A, lines 29	our credits from Forn		7 thro	ugh 49,	15	723	,101				
16	Subtract line 15 from line		stop; you can	not ta	ake any	16	7,734	1,626				
17	Education credits. Enter		3 or line 16 here	e and	on Form					17	7,725,789	
	* If you are filing Form 2555, 2555	5-EZ, or 4563, or you are excl	uding income from	Puerto	Rico, see Pu	b. 970	for the an	nount to e	nter.			
For F	Paperwork Reduction Act N	otice, see page 4.			Cat. No. 2	253791	И				Form 886	(2006)

Internal Revenue Service

NUMBER OF RETURNS FILED FOR SELECTED LINES Biodiesel and Renewable Diesel Fuels Credit

► Attach to your tax return.

OMB No. 1545-1924 Attachment Sequence No. **141**

Department of the Treasury

Identifying number Name(s) shown on return Total forms filed = 2.619

You cannot claim any amounts on Form 8864 that you claimed (or will claim) on Schedule C (Form 720), Form 8849,

Claimant has a certificate from the producer or importer of biodiesel or renewable diesel reported on lines 1 through 6 below and, if applicable, claimant also has a statement from the reseller. Claimant has no reason to believe that the information in the certificate or statement is false. Claimant may need to attach a copy of the certificate and statement. See Certification below.

	Type of Fuel		(a) Number of Gallons Sold or Used	(b) Rate		(c) Column (a) x Colu	mn (b)
1	Biodiesel (other than agri-biodiesel)	0	*				
2	Agri-biodiesel	2		\$1.0	0	*	
3	Renewable diesel	3		\$1.0	0	*	
4							
5	Agri-biodiesel included in a biodiesel mixture	0	0				
6	Renewable diesel included in a renewable diesel mixture	6		\$1.0	0	0	
7	Qualified agri-biodiesel production (gallons sold)	7		\$.1	0	0	
8	Add lines 1 through 7. Include this amount in your income for	2006 (see instructions)		8	*	
9	Biodiesel and renewable diesel fuels credit from partnership estates, and trusts			,	9	2,332	
10	Add lines 8 and 9. Cooperatives, estates, and trusts, go to line 1 report this amount on Schedule K; all others, report this amount	ations,	10	2,619			
11	Amount allocated to patrons of the cooperative or beneficiaries	s of the	estate or trust		11		
12	Cooperatives, estates, and trusts. Subtract line 11 from line 10. line 1p	-		n 3800,	12		

General Instructions

Section references are to the Internal Revenue Code.

What's New

The tax liability limit is no longer figured on this form; instead, it must be figured on Form 3800, General Business Credit.

Purpose of Form

Use Form 8864 to figure your biodiesel and renewable diesel fuels credit. Claim the credit for the tax year in which the sale or use occurs. This credit consists of the:

- Biodiesel credit.
- Renewable diesel credit.
- Biodiesel mixture credit,
- · Renewable diesel mixture credit, and
- Small agri-biodiesel producer credit.

Definitions and Special Rules

Certification

To claim a credit on lines 1, 2, 4, or 5, you generally must attach the Certificate for Biodiesel and, if applicable, Statement of Biodiesel Reseller, to Form 8864. To claim a credit on lines 3 or 6, you generally must attach a certificate from the producer identifying the product as renewable diesel and, if applicable, a statement from the reseller. However, if the certificate or statement was attached to a previously filed claim, attach a separate sheet with the following information.

- Certificate identification number.
- Total gallons of agri-biodiesel, biodiesel other than agribiodiesel, or renewable diesel on the certificate.
- Total gallons claimed on Schedule 3 (Form 8849).
- Total gallons claimed on Schedule C (Form 720).
- Total gallons claimed on Form 4136.

See Notice 2005-62 on page 443 of Internal Revenue Bulletin 2005-35 or Publication 510, Excise Taxes for 2007, for the model certificate and statement.

Biodiesel

Biodiesel means the monoalkyl esters of long chain fatty acids derived from plant or animal matter which meet the registration requirements for fuels and fuel additives established by the Environmental Protection Agency (EPA) under section 211 of the Clean Air Act. and the requirements of the American Society of Testing and Materials (ASTM) D6751.

Biodiesel includes both agri-biodiesel and biodiesel other than agri-biodiesel.

Agri-Biodiesel

Agri-biodiesel means biodiesel derived solely from virgin oils, including esters derived from virgin vegetable oils from corn, sovbeans, sunflower seeds. cottonseeds, canola, crambe, rapeseeds, safflowers, flaxseeds, rice bran, and mustard seeds, and from animal fats.

NUMBER OF RETURNS FILED FOR SELECTED LINES Credit for Qualified Retirement Savings Contributions

► Attach to Form 1040, Form 1040A, or Form 1040NR.

► See instructions on back.

OMB No. 1545-0074

206

Attachment
Sequence No. 129

Department of the Treasury
Internal Revenue Service

Name(s) shown on return

Total Forms Filed = 5,290,862

Your social security number



You **cannot** take this credit if **either** of the following applies.

- The amount on Form 1040, line 38; Form 1040A, line 22; or Form 1040NR, line 36 is more than \$25,000 (\$37,500 if head of household; \$50,000 if married filing jointly).
- The person(s) who made the qualified contribution or elective deferral (a) was born after January 1, 1989, (b) is claimed as a dependent on someone else's 2006 tax return, or (c) was a **student** (see instructions).

		'				`			
						(a) You		(b) Your spous	<u>se</u>
1	contributions		ontributions for 2006. D		1	762,004		269,451	
2		ributions, ar is)	x) or other qualified emplor 501(c)(18)(D) plan c	ontributions for 2006		4,092,160 4,617,794		834,148 1,053,372	
5 6	(including extermarried filing journal See instruction Subtract line 4	nsions) of your intly, included some for an exception of the second seco	ved after 2003 and by your 2006 tax return e both spouses' amount to be person or less, enter smaller of line 5 or \$1.000.	4	192,879 4,605,482 4,608,122		96,827 1,037,391 1,038,398		
7	Add the amour	nts on line 6	6. If zero, stop ; you ca			7	5,276,543		
8	Enter the amou	unt from Fo	rm 1040, line 38*; For	rm 1040A, line 22; or					
	Form 1040NR,				8	5,275,987			
9	Enter the appli		nal amount shown belo						
	If line 8	is—	Ar	nd your filing status	is—				
			Married	Head of	Sing	le, Married filing			
	Over—	But not	filing jointly	household	_	eparately, or			
		over—	Enter of	on line 9—		lifying widow(er)			
		Ф1 Г 000	Г	Г					
	\$15,000	\$15,000 \$16,050	.5	.5		.5			
	1 ' '	\$16,250	.5	.5		.2	9	5,270,153 X .	
	\$16,250 \$22,500	\$22,500 \$24,375	.5 .5	.5 .2		.1 .1		0,2:0,:00 /(:	
	\$24,375	\$25,000	.5	.2 .1		.1			
	\$25,000	\$30,000	.5	.1 .1					
	\$30,000	\$30,000	.2	.1 .1		.0 .0			
	\$32,500	\$37,500	.1	.1 .1		.0			
	\$37,500	\$50,000	.1						
	\$50,000	φου,υυυ 	.0	.0 .0		.0 .0			
	Ψ50,000		.0	.0		.0			
40	NALIJAČIJA D		f line 9 is zero, stop ; y		credit.		10	5,270,153	
10	Multiply line 7	-					10	3,270,100	
11			orm 1040, line 46; For		11	5,219,861			
					11	3,213,001			
12	1040 filers:	Enter the t	otal of your credits fro).	om lines 47					
	1040A filers: Enter the total of your credits from lines 29 through 31. \ 12 809,059								
	1040NR filers:								
13	Subtract line 1	2 from line	11. If zero, stop ; you o	cannot take this credi	it .		13	5,198,472	
14	Credit for qua	lified retire	ment savings contril 0, line 51; Form 1040A	butions. Enter the sn	naller		14	5,192,133	
								name Disease Direct	
	See Pub. 590 fo	r ine amount	to enter if you are filing	ruπ 2555, 2555-EZ, 0ľ	4503 0	r you are excluding	income fr	om Puerto Rico.	

2006 ESTIMATED DATA LINE COUNTS - (ALL FIGURES ARE ESTIMATES BASED ON SAMPLES)

Department of the Treasury

NUMBER OF RETURNS FILED FOR SELECTED LINES

Health Coverage Tax Credit

▶ Attach to Form 1040, Form 1040NR, Form 1040-SS, or Form 1040-PR. Internal Revenue Service Name of recipient (if both spouses are recipients, complete a separate form for each spouse)

Attachment Sequence No. 134

OMB No. 1545-0074

Total Forms Filed = 22,397

Recipient's social security number

Before you begin: See Definitions and Special Rules that begin on page 2.



Do not complete this form if you can be claimed as a dependent on someone else's 2006 tax return.

Complete This Part To See if You Are Eligible To Take This Credit

- Check the boxes below for each month in 2006 that all of the following statements were true on the first day of that month.
 - You were an eligible trade adjustment assistance (TAA) recipient, alternative TAA recipient, or Pension Benefit Guaranty Corporation (PBGC) pension recipient.
 - You were covered by a qualified health insurance plan for which you paid the premiums.
 - You were not entitled to Medicare Part A or enrolled in Medicare Part B.
 - You were not enrolled in Medicaid or State Children's Health Insurance Program (SCHIP).
 - You were not enrolled in the Federal Employees Health Benefits Program or eligible to receive benefits under the U.S. military health system (TRICARE).
 - You were **not** imprisoned under federal, state, or local authority.

•	You were not covered by,	or eligible fo	r coverage	under, any	employer-sponsored	health	insurance	plan	(including	any
	employer-sponsored health	n insurance p	lan of your	spouse) (se	e the instructions for	line 1	on page 3).			

	employer-sponsored health insurance plan of your spouse) (see the instructions for line 1 on page 3).										
	☐ January	☐ February	☐ March	☐ April	☐ May	☐ June					
	☐ July	☐ August	☐ September	☐ October	☐ November	☐ Dece	mber				
Pai	rt II Health C	overage Tax Cr	edit								
2	instructions on paid to "U.S. Trea	age 3). Do not inc sury-HCTC." Also,	surance coverage for surance c	qualified health dvance paymen	insurance premium ts from Form 1099-l	ns H,	22,397				
	Caut page the r										
3	to pay for qualified	d health insurance o	cher MSA and healt coverage for all month health insurance in	ths checked on I	ine 1 and (b) Nationa		*				
4		-	r less, stop; you car			4	22,397				
5	-	eck box c); Form 1	y line 4 by 65% (.69 040NR, line 64 (che	eck box c); Forn	n 1040-SS, line 9; o		22,397				

Department of the Treasury

Internal Revenue Service

NUMBER OF RETURNS FILED FOR SELECTED LINES

Before you begin: Complete Form 8853, Archer MSAs and Long-Term Care Insurance Contracts, if required.

Health Savings Accounts (HSAs)

HSA Contributions and Deduction. See page 2 of the instructions before completing this part. If you are

► Attach to Form 1040 or Form 1040NR.

► See separate instructions.

OMB No. 1545-0074

2006

Attachment
Sequence No. 53

Name(s) shown on Form 1040 or Form 1040NR

Total Forms Filed = 754.114

Social security number of HSA beneficiary. If both spouses have HSAs, see page 2 of the instructions

filing jointly and both you and your spouse each have separate HSAs, complete a separate Part I for each spouse (see page 2 of the instructions). Check the box to indicate your coverage under a high-deductible health plan (HDHP) during ☐ Self-only ☐ Family 2006 (see page 2 of the instructions) Self-Only Boxes = 293,111 Family Boxes = 400,704 HSA contributions you made for 2006 (or those made on your behalf), including those made from January 1, 2007, through April 16, 2007, that were for 2006. Do not include employer contributions, contributions through a cafeteria plan, or rollovers (see page 2 of the 2 393,525 If you were under age 55 at the end of 2006, and on the first day of every month during 2006, you were an eligible individual with the same annual deductible and coverage, enter the smaller of: • Your annual deductible (see page 3 of the instructions), or • \$2,700 (\$5,450 for family coverage). 541,321 3 All others, enter the limitation from the worksheet on page 3 of the instructions Enter the amount you and your employer contributed to your Archer MSAs for 2006 from Form 8853, lines 3 and 4. If you or your spouse had family coverage under an HDHP at any time during 4 9.414 539,269 Subtract line 4 from line 3. If zero or less, enter -0- 5 Enter the amount from line 5. But if you and your spouse each have separate HSAs and had family coverage under an HDHP at any time during 2006, see the instructions on page 3 for the 535,112 6 If you were age 55 or older at the end of 2006, married, and you or your spouse had family coverage under an HDHP at any time during 2006, enter your additional contribution amount 7 62,151 535.774 8 8 310,656 9 486.174 10 10 HSA deduction. Enter the smaller of line 2 or line 10 here and on Form 1040, line 25, or Form 11 358,968 Caution: If line 2 is more than line 11, you may have to pay an additional tax (see page 4 of the instructions). **HSA Distributions.** If you are filing jointly and both you and your spouse each have separate HSAs, Part II complete a separate Part II for each spouse. 477,190 12a Total distributions you received in 2006 from all HSAs (see page 5 of the instructions) . . . b Distributions included on line 12a that you rolled over to another HSA. Also include any excess contributions (and the earnings on those excess contributions) included on line 12a that were

For Paperwork Reduction Act Notice, see page 5 of the instructions.

Cat. No. 37621P

Form **8889** (2006)

16,278

469.800

415,595

64,611

59,173

12b

12c

13

14

15b



withdrawn by the due date of your return (see page 5 of the instructions)

Taxable HSA distributions. Subtract line 13 from line 12c. If zero or less, enter -0-. Also, include this amount in the total on Form 1040, line 21, or Form 1040NR, line 21. On the dotted line next

Unreimbursed qualified medical expenses (see page 5 of the instructions)

15a If any of the distributions included on line 14 meet any of the Exceptions to the Additional

2006 ESTIMATED DATA LINE COUNTS - (ALL FIGURES ARE ESTIMATES BASED ON SAMPLES)

NUMBER OF RETURNS FILED FOR SELECTED LINES

Domestic Production Activities Deduction

Attachment Sequence No. **143**

OMB No. 1545-1984

Department of the Treasury Internal Revenue Service

► Attach to your tax return. ► See separate instructions.

_	ne(s) as shown on return	Idon+:f	ving number
INAII	Total Forms Filed = 474,755	identili	ying number
1	Domestic production gross receipts (DPGR)	1	238,040
	Allocable cost of goods sold. If you are using the small business	-	
2	simplified overall method, skip lines 2 and 3	_	
3	If you are using the section 861 method, enter deductions and		
	losses definitely related to DPGR. Estates and trusts, see instructions. All others, skip line 3		
4	If you are using the section 861 method, enter your pro rata		
	share of deductions and losses not definitely related to DPGR.		
	All others, see instructions		
_	Add Bass Otherwoods 4	5	231,041
5	Add lines 2 through 4		201,011
6	Subtract line 5 from line 1	6	238,484
7	Qualified production activities income from—		
	activities a Shareholder Schedule K-1 (Form 1120S), box 12, code P		000 00-
	from pass- b Partner Schedule K-1 (Form 1065), box 13, code T	7	260,685
	through Schedule K-1 (Form 1065-B), box 9, code S2		
_	c Beneficiary Schedule K-1 (Form 1041), box 14, code C		
8	Qualified production activities income. Add lines 6 and 7. If zero or less, enter -0- here, skip lines 9 through 15, and enter -0- on line 16	8	440,337
	Skip lines 3 through 15, and enter -0- on line 10		,
9	Income limitation (see instructions):		
	 Individuals, estates, and trusts. Enter your adjusted gross income figured without the domestic production activities deduction		
	All others. Enter your taxable income figured without the domestic production	9	439,936
	activities deduction (tax-exempt organizations, see instructions)		
10	Enter the smaller of line 8 or line 9. If zero or less, enter -0- here, skip lines 11 through 15,		
	and enter -0- on line 16	10	437,955
11	Enter 3% of line 10	11	434,914
•			
12	Form W-2 wages (see instructions)	12	194,762
13	Form W-2 wages If you are a— Then enter the total Form W-2 wages from—		
	from pass- a Shareholder Schedule K-1 (Form 1120S), box 12, code Q		004
	through entities: b Partner Schedule K-1 (Form 1065), box 13, code U	13	234,525
	Schedule K-1 (Form 1065-B), box 9, code S3		
4.4	c Beneficiary Schedule K-1 (Form 1041), box 14, code D	14	408,885
14	Add lines 12 and 13		100,000
15	Form W-2 wage limitation. Enter 50% of line 14	15	408,884
			100
16	Enter the smaller of line 11 or line 15	16	408,589
47	Demostic production activities deduction from accounting. Fatar deduction from		
17	Domestic production activities deduction from cooperatives. Enter deduction from Form 1099-PATR, box 6	17	15,014
18	Expanded affiliated group allocation (see instructions)	18	*
19	Domestic production activities deduction. Combine lines 16 through 18 and enter the result		
	here and on Form 1040, line 35; Form 1120, line 25; Form 1120-A, line 21; or the applicable line of your return	40	420.067
	line of your return	19	420,967

NUMBER OF RETURNS FILED FOR SELECTED LINES **Exemption Amount for Taxpayers Housing Individuals Displaced by Hurricane Katrina**

Department of the Treasury ► Attach to Form 1040, Form 1040A, or Form 1040NR Internal Revenue Service

OMB No. 1545-0074 Attachment Sequence No. **55**

Name(s) shown on your return

Your social security number

	7	otal Fo	orms Filed	= 31,296							
Pa	rt I Information on Individua Main Home for at Least	60 Co	nsecutive	e Days							
	Do not enter information for 7d of Form 1040NR), or for							d of Forr	n 10		-
1	(a) First and last name		cial security no see instructions				address in disaster a sity or town, state, a		de)	(d) Number consecutive days in your main h	housed
	First displaced individual		29,	742							
	Second displaced individual		14,	214							
	Third displaced individual		7,1	03							
	Fourth displaced individual		1,3	42							
Pa	rt II Exemption Amount										
2	Maximum exemption amount. E Did you file Form 8914 for 2005?		•		filing se _l	oara	tely)	:	2	26,479	
	Yes. Enter the amount from y	our 200	05 Form 89	14, line 2						40.400	
	□ No. Enter –0–					٠		. ⊢	3	10,100 25,800	+-
4	Subtract line 3 from line 2					٠		· · ⊢	4 5	29,742	
5	Multiply \$500 by the total numbe Enter the smaller of line 4 or line							· · ⊢	6	24,384	
6	Multiply \$3,300 by the total nu						of Form 1040	–		21,001	
7	Form 1040A (line 7d of Form 104		i exemplio	ris ciairrieu c	on mie	ou	01 F01111 1040		7	31,296	
8									8	31,296	
9	Is the amount on Form 1040, I Form 1040NR, line 36), more than for your filing status?										
	☐ No. STOP Enter the amount				040,						
	line 42 (Form 1040A, line 26;			•							
	Yes. Enter on line 9 the a			,	38	9					
10	(Form 1040A, line 22; or Form		-			Э					
10	Enter the amount shown below for Single—\$150,500	or your	illing status	٠.							
		na wida	ow(er)—\$22	5 750		40					
	 Married filing jointly or Qualifying widow(er)—\$225,750 Married filing separately—\$112,875 										
	Head of household—\$188,150										
11	Subtract line 10 from line 9. Is the	result n	nore than \$	122,500 (\$61,	,250						
	if married filing separately)?										
	Yes. STOP Multiply \$2,200 claimed on line 6d of Form 10	40 or F	orm 1040A	(line 7d of F	orm						
	1040NR). Subtract this amoun Form 1040, line 42 (Form 1040,										
	■ No. Continue				· · · · · · · · · · · · · · · · · · ·	11					
12	Divide line 11 by \$2,500 (\$1,250										
_	result is not a whole number, in number (for example, increase 0.1)	crease	it to the n	ext higher w	hole	12					
13	Multiply line 12 by 2% (.02) and e		-								
						13				4.655	
14								–	4	1,636	
15	-							1	5	1,342	+
16	Exemption amount. Subtract line line 42; Form 1040A, line 26; or F								6	31,296	

THE FOLLOWING PAGES OF THE TEXT ARE THE CORRESPONDING DOLLAR AMOUNTS OF SELECTED LINES FILED (IN THOUSANDS OF DOLLARS).

AMOUNTS OF SELECTED LINES FILED (IN THOUSANDS OF DOLLARS)

1040]		rtment of the Treasury—Internal Revenue I. Individual Income Tax R		2006		(99) IRS Use	Onlv—Do no	ot write o	staple in this space.		
		_	the year Jan. 1-Dec. 31, 2006, or other tax year be		, 200	06, endir	,	20		OMB No. 1545-0074		
Label		You	ır first name and initial	Last nar	ne			İ		social security num	ber	
(See	Ļ	Tota	al of all returns filed = 138,394,754									
instructions on page 16.)	A B	If a	joint return, spouse's first name and initial	Last nar	ne			į	Spous	e's social security n	number	
Use the IRS	E	1040 = 83,805,545 Electronically filed returns = 80,095,643 Home address (number and street). If you have a P.O. box, see page 16. Apt. no.										
label.	Н								_ Y	ou must enter	_	
Otherwise, please print	E R		0A = 32,018,556						A y	our SSN(s) above		
or type.	Ë	1	v, town or post office, state, and ZIP code. I	-	_			J		ng a box below wil		
Presidential	<u></u>				859 1040E					your tax or refund		
Election Campa	aign	<u>▶</u> C	heck here if you, or your spouse if filing	g jointly, v	want \$3 to g	o to t				You L Spou		
Filing Statu		1	_ Single			4 📙		,		g person). (See page	,	
•	3	2 L	Married filing jointly (even if only on				. ,		child bu	t not your dependen	it, enter	
Check only one box.		3 L	Married filing separately. Enter spou and full name here. ▶	ıse's SSN		5 🗌	this child's nam		h denen	dent child (see pag	17)	
one box.		6a	Yourself. If someone can claim y				, ,	ow(ei) with	1 depen	Boxes checked	<i>je</i> 17)	
Exemptions	s	b	Spouse		•	o not	CHECK DOX 6a		}	on 6a and 6b No. of children		
		c	Dependents:		?) Dependent's	Ť	(3) Dependent's	(4) vif qua		on 6c who:		
			(1) First name Last name		I security numb	er	relationship to you	child for ch credit (see p		lived with youdid not live with		
							yeu		ugo 10/	you due to divorce		
If more than fo					i i					or separation (see page 20)		
dependents, se page 19.	ee									Dependents on 6c not entered above		
page var										Add numbers on		
		d	Total number of exemptions claimed						<u> </u>	lines above		
		7	Wages, salaries, tips, etc. Attach Form	n(s) W-2	depend. o	ther e	earned inc. =	142,509	7	5,469,370,119		
Income		8a	Taxable interest. Attach Schedule B i						8a	222,707,445	<u> </u>	
Attach Form(s))	b	Tax-exempt interest. Do not include	on line 8a	a	8b	72,970,97	1	9a			
W-2 here. Also)	9a	1 407 407 000 1							199,359,146		
attach Forms W-2G and		b	Qualified dividends (see page 23) .			9b	137,195,80		10	24 200 000		
1099-R if tax		10	Taxable refunds, credits, or offsets of state and local income taxes (see page 24)							24,206,006	-	
was withheld.		11								8,120,381		
		12	Business income or (loss). Attach Sch						12	281,527,260 771,045,623		
I£		13	Capital gain or (loss). Attach Schedule		uired. It not i	require	ed, check here	▶ ⊔	14	4,201,647		
If you did not get a W-2,		14	Other gains or (losses). Attach Form 4	5.503.242			la amazint (aaa r		15b	124.705.552		
see page 23.		15a	II D C GISTINGUIS	,831,489	~		ole amount (see p ole amount (see p	,	16b	450,454,465		
Enclose, but de	^	16a 17	Rental real estate, royalties, partnershi		D		, ,	,	17	466.087.829		
not attach, any		18	Farm income or (loss). Attach Schedu					Judic L	18	-15,331,319		
payment. Also,		19	Unemployment compensation						19	26,523,665		
please use Form 1040-V.		20a),754,476	b b	Taxab	ole amount (see r	page 27)	20b	144,403,839		
		21	Other income. List type and amount (see page	29)				21	29.938.461		
		22	Add the amounts in the far right column	n for lines	7 through 21	. This	is your total in	ome 🕨	22	8,144,688,302		
Adiustad		23	Archer MSA deduction. Attach Form	3853 .		23	35,106		_	et operat. loss = 80,7		
Adjusted		24	Certain business expenses of reservists, p	erforming	artists, and		200 050			tock options = 610,31 or. earn. inc. excl = 18		
Gross			fee-basis government officials. Attach Fo	orm 2106 o	or 2106-EZ	24	368,258			ambling inc. = 27,902		
Income		25 Health savings account deduction. Attach Form 8889.			25	868,560	1		ducator exp. = 805,56	,		
		26	Moving expenses. Attach Form 3903		26	3,159,25° 23,925,37		-				
		27	One-half of self-employment tax. Attac			27	23,923,37		-			
		28	Self-employed SEP, SIMPLE, and qua			29	20,302,53		-			
		29	Self-employed health insurance dedu			30	429,850		1			
		30	Penalty on early withdrawal of savings Alimony paid b Recipient's SSN ▶			31a	9,115,764		-			
		31a 32	IRA deduction (see page 31)			32	12,533,50					
		33	Student loan interest deduction (see p			33	6,156,865		35 T	I uition & Fees = 9,620	ı),615	
		34	Jury duty pay you gave to your emplo			34	51,814			or. housing ded.= 83,		
		35	Domestic production activities deduction	•		35	3,303,12	1	_	ther adj. = 1,073,988		
		36	Add lines 23 through 31a and 32 thro						36	113,845,357		
		37	Subtract line 36 from line 22. This is a	our adius	etad arace i	incom			37	8 030 842 945		

Form 1040 (2006)		AMOUNTS OF SELECTE	D LINES FIL	ED (IN TI	HOUSAN	DS OF D	OLLA	RS)	F	Page 2
Tax	38 Amount from line 37 (adjusted gross income)							38		
and	39a	Check \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	,	Blind.						
Credits	55a	if: Spouse was born before Januar		_	>			Basi	c stand. ded. = 590,4	87,763
) L	If your spouse itemizes on a separate return or you we			,		oh \Box	Add	. stand. ded. = 16,97	6,422
Standard Deduction	b							40	1,229,237,288	
for—	40 「	Itemized deductions (from Schedule A) or	,		`	τ margin) ,	•	41	6,340,706,374	_
People who	41							41	0,340,700,374	
checked any	42	If line 38 is over \$112,875, or you provided he	• .	•	-			40	904 044 600	
box on line 39a or 39b or		see page 36. Otherwise, multiply \$3,300 by t						42	891,911,609	
who can be	43	Taxable income. Subtract line 42 from line	41. If line 42	is more th	an line 41	, enter -0-		43	5,579,145,443	
claimed as a dependent,	44	Tax (see page 36). Check if any tax is from: a		14 b L	Form 4	972		44	1,061,247,534	
see page 34.	45	Alternative minimum tax (see page 39). A	ttach Form 62	51				45	21,564,586	
All others:	46	Add lines 44 and 45					•	46	1,082,855,370	
Single or	47	Foreign tax credit. Attach Form 1116 if req	uired	. 47		58,470			F8396 = 48,366	
Married filing separately,	48	Credit for child and dependent care expenses	. Attach Form 2	2441 48	-	36,637			F8839 = 351,184	
\$5,150	49	Credit for the elderly or the disabled. Attac	h Schedule R	. 49	9 14	,571			F3800 = 1,302,46	
Married filing	50	Education credits. Attach Form 8863 .		. 50	7,02	22,420			F8801 = 1,032,24	7
jointly or	51	Retirement savings contributions credit. Atta	ach Form 8880	. 5·	1 89	3,957			F8844 = 120,603	
Qualifying widow(er),	52	Residential energy credits. Attach Form 56			2 1,00	00,149		55c	Other = 168,593	1
\$10,300	53	Child tax credit (see page 42). Attach Forn		·	3 31,7	41,551				
Head of	54	Credits from: a \square Form 8396 b \square Form 883		I	4					
household,	55	Other credits: a Form 3800 b Form 880		I	5					
\$7,550	56	Add lines 47 through 55. These are your to			'			56	58,141,809	
	57	Subtract line 56 from line 46. If line 56 is n						57	1,024,713,561	
								58	47,842,244	
Other	58	Self-employment tax. Attach Schedule SE					•	59	73,109	
Taxes	59	Social security and Medicare tax on tip income					•	60	4,347,720	
	60	Additional tax on IRAs, other qualified retirer				•		61	62,149	
	61	Advance earned income credit payments fi		7-2, box 9			•	62	917,524	
	62 63	Household employment taxes. Attach Sche Add lines 57 through 62. This is your total		2x = 320.78	 88 Other tax				1,078,601,440	
_		-						63	1,070,001,440	
Payments Payments	64	Federal income tax withheld from Forms W	<i>I</i> -2 and 1099			094,979				
	65	2006 estimated tax payments and amount appli	ied from 2005 re			998,613				
If you have a	_66a	Earned income credit (EIC)		. 66	ia 44,3	87,566				
qualifying child, attach	b	Nontaxable combat pay election ▶ 66b	90,997		0.00					
Schedule EIC.	67	Excess social security and tier 1 RRTA tax wit	hheld (see page	e 60) 6 7	<u> </u>	38,807				
	68	Additional child tax credit. Attach Form 88	12	68	_	48,889			70a F2439 = 52,	199
	69	Amount paid with request for extension to	file (see page	60) 69	9 86,5	30,919			70b F4136 = 85,	905
	70	Payments from: a Form 2439 b Form 41	136 c 🗌 Form 88	385 . 7 0	_				70c F8885 = 27,	567
	71	Credit for federal telephone excise tax paid. Attach	Form 8913 if requ	uired 7	1 4,16	64,063				
	72	Add lines 64, 65, 66a, and 67 through 71.	These are you	r total pay	ments		•	72	1,249,879,508	
Refund	73	If line 72 is more than line 63, subtract line 6	63 from line 72	. This is th	e amount	you overp a	aid	73	295,796,995	
Direct deposit?	74a	Amount of line 73 you want refunded to you	ou. If Form 88	88 is attac	hed, chec	k here ▶		74a	250,941,390	
See page 61	▶ b	Routing number	■	c Type:	Checking	Savir	nas			
and fill in 74b,	▶ d	Account number					5			
74c, and 74d, or Form 8888.	75	Amount of line 73 you want applied to your 2007	7 estimated tax	▶ 7:	5 44.8	55,606	ı			
Amount	76	Amount you owe. Subtract line 72 from lin					•	76	126,289,889	
You Owe	77	- · · · · · · · · · · · · · · · · · · ·			1 4	70,962				
	Do	you want to allow another person to discuss	this return wit	th the IRS	(see page	63)?	Yes.	Compl	ete the following.	☐ No
Third Party						Personal i				
Designee	nar	signee's ne ▶	Phone no. ► ()		number (F		alion		
Sign	Und	der penalties of perjury, I declare that I have examined	I this return and a			and stateme	nts, and			
Here	bel	ef, they are true, correct, and complete. Declaration of	preparer (other th	nan taxpayer)) is based on	all informati	on of wh	nich pre	eparer has any knowle	dge.
	Yo	ur signature	Date	Your occ	cupation			Dayt	ime phone number	
Joint return? See page 17.								()	
Кеер а сору	Sn	ouse's signature. If a joint return, both must sign.	Date	Spouse's	s occupatio	n			,	
for your records.	7	5								
			1	Date				Pren	parer's SSN or PTIN	
Paid		parer's nature		2410		heck if elf-employed	, p	1.0		
Preparer's		n's name (or			50		- Ш	<u> </u>		
Use Only		irs if self-employed),				EIN	nc	()	

2006 ESTIMATED DATA LINE COUNTS - (ALL FIGURES ARE ESTIMATES BASED ON SAMPLES)

AMOUNTS OF SELECTED LINES FILED (IN THOUSANDS OF DOLLARS)

½ 1040		5. Individual Income Tax R	L))	(OU6		(99) IRS Use (Only—Do n	ot write or	staple in this space.	
(_	the year Jan. 1-Dec. 31, 2006, or other tax year be		, 2006	, endino		20 ``\		MB No. 1545-0074	
Label	Yo	ur first name and initial	Last name					Your s	ocial security numl	ber
(See L A			Total 1040	ONLY re	eturns	s filed = 83,80	5,545			
on page 16.) B	If a	a joint return, spouse's first name and initial	Last name					Spous	e's social security n	umber
Use the IRS L	Ho	me address (number and street). If you have	a P.O. box. se	ee page 16.		Apt. no).		(au maret anter	
Otherwise,		ctronically filed forms 1040 Only = 4		so pago .o.		7,50			'ou must enter our SSN(s) above.	. 🛕
or type.	Cit	y, town or post office, state, and ZIP code. It	you have a fo	oreign addre	ess, se	ee page 16.			ng a box below will	
Presidential .	<u> </u>			. 40 .				_	your tax or refund	
Election Campaign		theck here if you, or your spouse if filing	g jointly, wan						You Spous	
Filing Status	1 L	Single		4			,		g person). (See page	,
	2 L 3 [Married filing jointly (even if only one Married filing separately. Enter spoul				this child's nam		Ciliu bu	t not your dependen	i, enter
Check only one box.	3 [and full name here. ►	ise's SSIN ad					h depen	dent child (see pag	je 17)
	6a	Yourself. If someone can claim y	ou as a depe	endent, do)	Boxes checked on 6a and 6b	
Exemptions	b	Spouse	<u>.</u>				,.	<u>.</u> }	No. of children	
	С	Dependents:		ependent's		(3) Dependent's relationship to	(4) √ if qu child for cl		on 6c who: lived with you	
		(1) First name Last name	social sec	curity number	r	you	credit (see		• did not live with	
If more than four			1	<u> </u>				<u> </u>	you due to divorce or separation	
dependents, see			1	1					(see page 20) Dependents on 6c	
page 19.			+ ;	<u> </u>				<u> </u>	not entered above	
	d	Total number of exemptions claimed		1				<u> </u>	Add numbers on lines above ▶	
	7	Wages, salaries, tips, etc. Attach Forn	n(s) W-2				<u> </u>	7	4,355,097,673	
Income	8a	Taxable interest. Attach Schedule B i						8a	210,662,051	
Attach Form(s)	b	Tax-exempt interest. Do not include	on line 8a .	[8b	72,535,17	3			
W-2 here. Also	9a	Ordinary dividends. Attach Schedule I	3 if required					9a	196,979,842	
attach Forms W-2G and	b	Qualified dividends (see page 23) .		l	9b	135,970,65	57			
1099-R if tax	10	Taxable refunds, credits, or offsets of	state and lo	cal income	e taxe	es (see page 2	4)	10	24,206,006	
was withheld.	11	Alimony received							8,120,381 281,527,260	
	12							12	771,045,623	
If you did not	13	Capital gain or (loss). Attach Schedule		d. If not re	equire	ed, check here	▶ ∟	14	4,201,647	
If you did not get a W-2,	14 15a	Other gains or (losses). Attach Form 4 IRA distributions 15a 15a	5.447.780		 Tavahl	 le amount (see r		15b	115,196,871	
see page 23.	16a	IRA distributions							385,380,400	
Enclose, but do	17	Rental real estate, royalties, partnershi	ps, S corpora			` '	,	17	466,087,829	
not attach, any	18	Farm income or (loss). Attach Schedu						18	-15,331,318	
payment. Also, please use	19	Unemployment compensation		,				19	17,134,864	
Form 1040-V.	20a	occidi coccini) scribilità .	,001,269			le amount (see p	,	20b	130,616,652	
	21 ¹	Other income. List type and amount (standard the amounts in the far right column						21	27,845,036 6,915,038,143	_
					23	35,106	onie 🕨	22 21 Ne	et operat. loss = 80,7	95 920
Adjusted	23	Archer MSA deduction. Attach Form 8			20	00,100		_	ock options = 610.3	
Gross	24	Certain business expenses of reservists, p fee-basis government officials. Attach Fo	Ü		24	368,258		21 Fc	or. earn. inc. excl. = 1	8,154,64
Income	25	Health savings account deduction. Att			25	868,560		21 G	ambling inc. = 27,902	2,023
	26	Moving expenses. Attach Form 3903			26	3,159,251		23 Ed	ducator exp. = 724,10)2
	27	One-half of self-employment tax. Attac	h Schedule S	SE	27	23,925,37				
	28	Self-employed SEP, SIMPLE, and qua	alified plans .		28	22,011,55				
	29	Self-employed health insurance deduction	ction (see pa	age 29)	29	20,302,53	3			
	30	Penalty on early withdrawal of savings			30	362,348	ı	_		
	31a	Alimony paid b Recipient's SSN ▶			31a	9,115,76 ² 11,395,79				
	32	IRA deduction (see page 31)			32	4,320,467		35 Tu	 uition & Fees = 8,142	 .207
	33 34	Student loan interest deduction (see pure duty pay you gave to your employers)	- ,		34	48,422			ousing ded = 83,632	
	35	Domestic production activities deduction	-		35	3,303,121		_	ther adj = 1,073,988	
	36	Add lines 23 through 31a and 32 thro						36	109,240,485	
	27	Subtract line 26 from line 22. This is a	•					0.7	6 905 707 659	

Form 1040 (2006)		AMOUNTS OF SELECTED LINES FILED (IN	I THOU	SANDS OF DOLLAR	S)	Page 2
Tax	38	Amount from line 37 (adjusted gross income)			38	
and	39a			Total boxes		
Credits	oou	if: Spouse was born before January 2, 1942, B	>	I		Basic stand. ded.= 242,870,349
Standard	b	If your spouse itemizes on a separate return or you were a dual-status alien, se	,	_		Add. stand. ded. = 10,552,809
Deduction	40	Itemized deductions (from Schedule A) or your standard ded			40	1,229,237,288
for—	41	Subtract line 40 from line 38			41	5,454,431,935
People who		If line 38 is over \$112,875, or you provided housing to a person d				
checked any box on line	42	see page 36. Otherwise, multiply \$3,300 by the total number of e		•	42	592,379,012
39a or 39b or who can be	43	Taxable income. Subtract line 42 from line 41. If line 42 is mo	•		43	4,932,134,397
claimed as a	44			Form 4972		974,168,369
dependent, see page 34.	45	Alternative minimum tax (see page 39). Attach Form 6251.			45	21,563,717
All others:	46	Add lines 44 and 45			46	995,775,335
	47	Foreign tax credit. Attach Form 1116 if required	47	10,958,470		F8396 = 48,366
Single or Married filing	48	•	48	2,450,197		F8839 = 351,184
separately, \$5,150	49	Credit for child and dependent care expenses. Attach Form 2441	49	5,411	1	F3800 = 1,302,464
		Credit for the elderly or the disabled. Attach Schedule R.	50	4,799,810	-	F8801 = 1,032,247
Married filing jointly or	50	Education credits. Attach Form 8863	51	471,240	55c	F8844 = 120,603
Qualifying	51	Retirement savings contributions credit. Attach Form 8880.	52	1,000,149	55c	Other = 168,593
widow(er), \$10,300	52	Residential energy credits. Attach Form 5695	53	22,849,403		
Head of	53 54	Child tax credit (see page 42). Attach Form 8901 if required Credits from: a ☐ Form 8396 b ☐ Form 8839 c ☐ Form 8859	54	,0 .0, 100		
household,	55	Other credits: a \square Form 3800 b \square Form 8801 c \square Form	55			
\$7,550	56				56	45,558,734
	57	Subtract line 56 from line 46. If line 56 is more than line 46, er			57	950,216,601
	58	0.16 1 11 11 10 1 11 05			58	47,842,244
<u>O</u> ther	59	Social security and Medicare tax on tip income not reported to emp			59	73,109
Taxes	60	Additional tax on IRAs, other qualified retirement plans, etc. Atta	•		60	4,347,720
	61	Advance earned income credit payments from Form(s) W-2, b			61	18,547
	62	Household employment taxes. Attach Schedule H			62	917,524
	63	Add lines 57 through 62. This is your total tax Recapture tax = 3	320,788	Other taxes = 320,604 ▶	63	1,004,060,879
Payments	64	Federal income tax withheld from Forms W-2 and 1099	64	726,130,665		
	65	2006 estimated tax payments and amount applied from 2005 return	65	252,155,608		
If you have a	_66a	Earned income credit (EIC)	66a	16,062,773		
qualifying child, attach	b	Nontaxable combat pay election ▶ 66b 1,923		0.007.044		
Schedule EIC.	67	Excess social security and tier 1 RRTA tax withheld (see page 60)	67	2,287,211	-	
	68	Additional child tax credit. Attach Form 8812	68	8,023,961	-	70a F2439 = 52,199
	69	Amount paid with request for extension to file (see page 60)	69	86,500,756		70b F4136 = 85,905
	70	Payments from: a \square Form 2439 b \square Form 4136 c \square Form 8885 .	70	2,921,874	-	70c F8885 = 27,567
	71	Credit for federal telephone excise tax paid. Attach Form 8913 if required Add lines 64, 65, 66a, and 67 through 71. These are your tota	71		70	1,094,248,519
	72				72	211,476,007
Refund	73	If line 72 is more than line 63, subtract line 63 from line 72. This		, <u></u>	73 74a	166,677,181
Direct deposit? See page 61	74a	Amount of line 73 you want refunded to you. If Form 8888 is			ı 1 a	100,077,101
and fill in 74b,	► b		/pe: ☐ (Checking Savings		
74c, and 74d, or Form 8888.	► d	Account number	75	44,798,826		
Amount	75 76	Amount of line 73 you want applied to your 2007 estimated tax Amount you owe. Subtract line 72 from line 63. For details on	75		76	123,032,711
You Owe	77	Estimated tax penalty (see page 62)	77	1,744,344		
Third Party	Do	you want to allow another person to discuss this return with the	e IRS (se	e page 63)?	Compl	ete the following. No
Designee		signee's Phone		Personal identific	ation	
	nar			number (PIN)	d to the	heat of my knowledge and
Sign		der penalties of perjury, I declare that I have examined this return and accompief, they are true, correct, and complete. Declaration of preparer (other than tax				
Here	Yo	ur signature Date Yo	our occup	ation	Dayt	ime phone number
Joint return? See page 17.			•		, ,	1
Кеер а сору	Sn	ouse's signature. If a joint return, both must sign. Date Sp.	ouse's o	ccupation	()
for your records.	J	gradian in α joint rotain, sour most sign.				
	Des	Date Date	<u> </u>		Prep	parer's SSN or PTIN
Paid	sig	eparer's nature		Check if self-employed		
Preparer's	Fire	m's name (or		EIN	1	
Use Only	you	urs if self-employed),		Phone no	()

1040		6. Individual Income Tax R	U //// \\	5	(99) IRS Use (Only—Do n	ot write or	r staple in this space.	
(For	the year Jan. 1-Dec. 31, 2006, or other tax year be	ginning , 20	06, ending		20 \		OMB No. 1545-0074	
Label	Yo	ur first name and initial	Last name				Your s	social security numb	ber
(See L instructions A			Electronically File	d Retur	ns = 80,095,	643			
on page 16.)	If a	a joint return, spouse's first name and initial	Last name				Spous	e's social security n	umber
Use the IRS L	\perp		1040's E-filed = 43						
label. Otherwise,	Ho	me address (number and street). If you have	a P.O. box, see page 1 1040A's E-filed = 2		067 Apt. no	٠- ا		/ou must enter /our SSN(s) above.	
please print or type.	Cit	y, town or post office, state, and ZIP code. It			, I	i		ng a box below will	
Presidential	^lr	ncludes 145,972 1040EZ-T returns	1040EZ's E-filed =	- ^12,7	37,447		change	your tax or refund.	
Election Campaign)) C	check here if you, or your spouse if filing	g jointly, want \$3 to	go to th	nis fund (see pa	age 16) I	<u> </u>	You 🗌 Spous	se
	1 [Single		4	Head of househ	old (with	qualifying	g person). (See page	e 17.) If
Filing Status	2	Married filing jointly (even if only one	e had income)		the qualifying pe	erson is a	child but	t not your dependen	it, enter
Check only	3	Married filing separately. Enter spou	use's SSN above		this child's name				
one box.		and full name here. ▶				w(er) wit	n depen	dent child (see pag Boxes checked	je 17)
Exemptions	6a	Yourself. If someone can claim y	ou as a dependent, o	do not	check box 6a		}	on 6a and 6b	
Exemplions	b	Spouse	(0) 5	- 1	(3) Dependent's	 (4) vif qu	alifying	No. of children on 6c who:	
	С	(1) First name Last name	(2) Dependent's social security num		relationship to	child for cl	hild tax	• lived with you _	
		(1) That hame Last hame	1 1		you	credit (see p	age 19)	 did not live with you due to divorce 	
If more than four			1 1					or separation (see page 20)	
dependents, see								Dependents on 6c	
page 19.								not entered above	
	d	Total number of exemptions claimed						Add numbers on lines above ▶	
	7	Wages, salaries, tips, etc. Attach Forn					7	3,201,210,489	
Income	8a	Taxable interest. Attach Schedule B i					8a	71,032,590	
Attach Form(s)	b	Tax-exempt interest. Do not include		8b	20,869,274	4			
W-2 here. Also	9a	Ordinary dividends. Attach Schedule I					9a	59,047,277	
attach Forms	b	Qualified dividends (see page 23)		9b	39,309,63	1			
W-2G and 1099-R if tax	10	Taxable refunds, credits, or offsets of	state and local incom	me taxe	es (see page 24	4)	10	13,084,0124	
was withheld.	11	Alimony received						3,999,880	
	12	Business income or (loss). Attach Sch	nedule C or C-EZ 13	* ˌcapˌ g	ain distrib = 3,	765,195	12	110,066,909	
	13	Capital gain or (loss). Attach Schedule	e D if required. If not	require	d, check here			190,481,567	
If you did not	14	Other gains or (losses). Attach Form 4					14	1,153,851	
get a W-2, see page 23.	15a		7 700 740		e amount (see p	,	15b	53,629,070	-
		1 dilatata di indica			e amount (see p		16b	213,797,876 139,329,342	
Enclose, but do not attach, any	17	Rental real estate, royalties, partnershi					17	-8,045,935	
payment. Also,	18	Farm income or (loss). Attach Schedu	ıle F				18 19	17,546,743	_
please use	19	Unemployment compensation Social security benefits 20a 156		 . Tawabi	e amount (see p		20b	63,222,555	_
Form 1040-V.	20a 21	Social security benefits 20a 150 Other income. List type and amount (` '	,	21	12,352,819	
	22	Add the amounts in the far right column					22	4,126,666,629	
	23	Archer MSA deduction. Attach Form 8	8853	23	14,980		21 Ne	et operat. loss = 22,5	579,529
Adjusted	24	Certain business expenses of reservists, p					21 St	tock options = 106,53	37
Gross		fee-basis government officials. Attach Fo	•	24	172,364		_	or. earn. inc. excl. = 3	
Income	25	Health savings account deduction. Att		25	395,984		_	ambling inc. = 10,940	
	26	Moving expenses. Attach Form 3903		26	2,096,601		23 Ec	ducator Exp. = 525,15 I	52
	27	One-half of self-employment tax. Attac	ch Schedule SE	27	9,838,608				
	28	Self-employed SEP, SIMPLE, and qua	alified plans	28	8,844,740				
	29	Self-employed health insurance deduction	ction (see page 29)	29	8,716,842	!			
	30	Penalty on early withdrawal of savings		30	177,968		-		
	31a	Alimony paid b Recipient's SSN ▶		31a	4,340,847				
	32	IRA deduction (see page 31)		32	5,969,705	_		 	004.45
	33	Student loan interest deduction (see p		33	4,257,519	'		ition & Fees ded. = 5, r. housing ded. = 13,1	
	34	Jury duty pay you gave to your emplo	-	34	2,260 969,801		_	n. Housing ded. = 13, h her adj. = 401,098	100
	35	Domestic production activities deduction		35			36	52,728,792	
	36 27	Add lines 23 through 31a and 32 thro	•				07	4 073 037 937	_

Form 1040 (2006)		AMOUNTS OF SELECTED LINES FILED (IN TH	HOUSA	NDS OF DOLLARS)		F	Page 2
Tax	38	Amount from line 37 (adjusted gross income)			38		
and	39a	_ ` ` ` `		Total boxes			
Credits	55a	if: Spouse was born before January 2, 1942, \square E	}	checked ▶ 39a	E	asic stand. ded. = 352	2,089,65
) L	If your spouse itemizes on a separate return or you were a dual-status alien, s	,	_	1	Add. stand. ded. = 7	370,53
Standard Deduction	b				40	647,033,172	
for—	40 「	Itemized deductions (from Schedule A) or your standard de			41	3,120,268,226	
People who	41	Subtract line 40 from line 38			41	3,120,200,220	
checked any	42	If line 38 is over \$112,875, or you provided housing to a person of	displaced	d by Hurricane Katrina,		550 400 400	
box on line 39a or 39b or		see page 36. Otherwise, multiply \$3,300 by the total number of e	exemption	ons claimed on line 6d	42	556,409,130	
who can be	43	Taxable income. Subtract line 42 from line 41. If line 42 is me	ore than	line 41, enter -0	43	2,642,330,751	
claimed as a dependent,	44	Tax (see page 36). Check if any tax is from: a Form(s) 8814	b 🗌	Form 4972	44	469,237,142	
see page 34.	45	Alternative minimum tax (see page 39). Attach Form 6251 .			45	8,177,924	
All others:	46	Add lines 44 and 45			46	477,442,341	
Single or	47	Foreign tax credit. Attach Form 1116 if required	47	1,474,997	54a	F8396 = 35,107	
Married filing	48	Credit for child and dependent care expenses. Attach Form 2441	48	2,661,490	54b	F8839 = 264,920	•
separately, \$5,150	49	Credit for the elderly or the disabled. Attach Schedule R .	49	7,146	55a	F3800 = 452,833	
Married filing	50	Education credits. Attach Form 8863	50	4,802,118	55b	F8801 = 395,319	•
jointly or	51	Retirement savings contributions credit. Attach Form 8880.	51	649,637	55c	F8844 = 44,813	•
Qualifying			52	651,611	41.	Other = 76,936	
widow(er), \$10,300	52	Residential energy credits. Attach Form 5695	53	22,870,779		<u> </u>	
Head of	53	Child tax credit (see page 42). Attach Form 8901 if required	54	22,010,110	-		
household,	54	Credits from: a Form 8396 b Form 8839 c Form 8859			-		
\$7,550	55	Other credits: a Form 3800 b Form 8801 c Form	55			24 207 700	
	56	,			56	34,387,706	
	57	Subtract line 56 from line 46. If line 56 is more than line 46, e			57	443,054,635	
Other	58	Self-employment tax. Attach Schedule SE			58	19,673,062	
Taxes	59	Social security and Medicare tax on tip income not reported to emp	oloyer. At	ttach Form 4137	59	38,609	
Tuxes	60	Additional tax on IRAs, other qualified retirement plans, etc. Atta	ach Forn	n 5329 if required	60	2,470,654	
	61	Advance earned income credit payments from Form(s) W-2, b	oox 9 .		61	47,450	
	62	Household employment taxes. Attach Schedule H			62	228,950	
	63	Add lines 57 through 62. This is your total tax Recapture tax =	77,898	Other taxes = 89,522 >	63	465,682,285	
Payments	64	Federal income tax withheld from Forms W-2 and 1099	64	463,912,247			
	65	2006 estimated tax payments and amount applied from 2005 return	65	75,328,967			
If you have a	∟ 66a	Earned income credit (EIC)	66a	36,985,924			
qualifying	b	Nontaxable combat pay election 66b 89,222					
child, attach Schedule EIC.	67	Excess social security and tier 1 RRTA tax withheld (see page 60)	67	1,196,657			
Corrodato Ero.	68	Additional child tax credit. Attach Form 8812	68	12,277,227		70a F2439 = 4,4	30
	69	Amount paid with request for extension to file (see page 60)	69	16,547,270	-	· · · · · · · · · · · · · · · · · · ·	
		Payments from: a Form 2439 b Form 4136 c Form 8885 .	70			70b F4136 = 46,	
	70 ∢ 71	Credit for federal telephone excise tax paid. Attach Form 8913 if required	71	2,750,570	-	70c F8885 = 8,3	3 <i>1</i>
	72	Add lines 64, 65, 66a, and 67 through 71. These are your tota			72	609,057,654	
					73	186,942,971	
Refund	73	If line 72 is more than line 63, subtract line 63 from line 72. This			74a	176,676,388	
Direct deposit? See page 61	74a	Amount of line 73 you want refunded to you. If Form 8888 is			14a	170,070,300	
and fill in 74b,	▶ b		ype: 🔲 (Checking Savings			
74c, and 74d,	► d	Account number					
or Form 8888.	75	Amount of line 73 you want applied to your 2007 estimated tax	75	10,266,584	70	44 122 261	
Amount	76	Amount you owe. Subtract line 72 from line 63. For details on	1		76	44,133,261	
You Owe	77	Estimated tax penalty (see page 62)	77	565,659			
Third Party	Do	you want to allow another person to discuss this return with the	e IRS (se	ee page 63)? Yes.	Comp	lete the following.	No
Designee		signee's Phone		Personal identific	cation		
	nar	ne ► no. ► () der penalties of perjury, I declare that I have examined this return and accomp	nonvina o	number (PIN)	d to the	hast of my knowledge	o and
Sign	bel	ef, they are true, correct, and complete. Declaration of preparer (other than tax	panying s xpayer) is	based on all information of w	hich pre	eparer has any knowle	dge.
Here			our occup			time phone number	_
Joint return?	1.5		0000p				
See page 17. Keep a copy	_		()			
for your	Sp	ouse's signature. If a joint return, both must sign. Date Sp	oouse's o	ccupation			
records.	•						
Paid		parer's Date)	Check if	Prep	parer's SSN or PTIN	
Preparer's		nature		self-employed	<u> </u>		
		n's name (or ars if self-employed),		EIN	i		
Use Only	you	Irs II self-employed),		Phone no	()	

Department of the Treasury-Internal Revenue Service

Form

1040A 2006 U.S. Individual Income Tax Return IRS Use Only-Do not write or staple in this space. Your first name and initial OMB No. 1545-0074 Label Your social security number (See page 18.) Total Forms Filed = 32,018,556 A B E If a joint return, spouse's first name and initial Spouse's social security number Use the L Total Forms Filed Electronically = 23,888,067 IRS label. н Home address (number and street). If you have a P.O. box, see page 18. You must enter Otherwise, your SSN(s) above. please print City, town or post office, state, and ZIP code. If you have a foreign address, see page 18. or type. Checking a box below will not Single = 10.570.876Joint = 8,923,316change your tax or refund. **Presidential** Election Campaign Check here if you, or your spouse if filing jointly, want \$3 to go to this fund (see page 18) You Spouse Single 1 🔲 Head of household (with qualifying person). (See page 19.) Filing If the qualifying person is a child but not your dependent. 2 🔲 Married filing jointly (even if only one had income) status enter this child's name here. ▶ Married filing separately. Enter spouse's SSN above and Check only one box. 5 Qualifying widow(er) with dependent child (see page 20) full name here. 6a Vourself. If someone can claim you as a dependent, do not check Boxes **Exemptions** checked on box 6a. 6a and 6b b Spouse No. of children (4) √if qualifying on 6c who: c Dependents: (3) Dependent's (2) Dependent's social child for child lived with relationship to security number tax credit (see vou (1) First name Last name you page 21) If more than six did not live dependents, with you due to divorce or see page 21. separation (see page 22) **Dependents** on 6c not entered above Add numbers on lines above ▶ **d** Total number of exemptions claimed. Income Wages, salaries, tips, etc. Attach Form(s) W-2. 736,230,653 Attach Form(s) W-2 11,538,861 8a Taxable interest. Attach Schedule 1 if required. 8a here. Also b Tax-exempt interest. Do not include on line 8a. 8b attach 435,002 2,379,305 Form(s) **9a** Ordinary dividends. Attach Schedule 1 if required. 9a 1099-R if tax **b** Qualified dividends (see page 25). 9b 1,225,143 was withheld. 1.100.855 10 Capital gain distributions (see page 25). 10 If you did not **11a** IRA 11b Taxable amount get a W-2, see 9,508,681 12,055,462 distributions. 11a (see page 25). 11b page 24. 12a Pensions and Taxable amount Enclose, but do 80,824,683 65.074.065 annuities. 12a (see page 26). 12b not attach, any Unemployment compensation, Alaska Permanent Fund dividends, and 13 payment. 6,461,593 Other Income = 1,543,267 jury duty pay. 13 14a Social security **14b** Taxable amount 68,753,207 13,787,187 benefits. 14a (see page 28). 14b Add lines 7 through 14b (far right column). This is your total income. 847,624,467 15 15 Penalty on early withdrawal of savings (see **Adjusted** page 28). 16 67,503 gross 17 IRA deduction (see page 28). 17 1,137,707 income 18 Student loan interest deduction (see page 31). 18 Educator Expenses = 81,466 1,836,398 Jury duty pay you gave your employer (see 19 Tuition & Fees Ded. = 1,478,408 page 31). 19 3.391 20 4,604,872 Add lines 16 through 19. These are your total adjustments. 20 843,019,595 21 Subtract line 20 from line 15. This is your adjusted gross income.

Form 1040A	(2006	AMOUNTS OF SELECTED LINES FILED (IN THOUSANDS OF D	OLLA	ıRS)	1	Page 2
Tax,	22	Enter the amount from line 21 (adjusted gross income).		22		
credits,	23 a	Check \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \		Additio	onal Stand. Ded = 0	6,423,61
payments	h	if:		Total	Standard Ded = 24	3,091,89
Standard	b	If you are married filing separately and your spouse itemizes deductions, see page 32 and check here ▶ 23b				
Deduction for—	24	Enter your standard deduction (see left margin).		24	236,668,280	
• People who	25	Subtract line 24 from line 22. If line 24 is more than line 22, enter -0		25	609,920,016	
checked any	26	If line 22 is over \$112,875, or you provided housing to a person displaced by Hurricane h	 (atrina.		000,020,010	
box on line 23a or 23b or		see page 32. Otherwise, multiply \$3,300 by the total number of exemptions claimed on li			241,376,255	
who can be	27	Subtract line 26 from line 25. If line 26 is more than line 25, enter -0				
claimed as a dependent,		This is your taxable income .		27	416,486,197	
see page 32.	28	Tax, including any alternative minimum tax (see page 32).		28	55,217,018	
All others:	29	Credit for child and dependent care expenses.				
Single or Married filing		Attach Schedule 2. 29 1,036,440	+-	_		
separately, \$5,150	30	Credit for the elderly or the disabled. Attach Schedule 3. 30 9,160				
Married filing	31	Education credits. Attach Form 8863. 31 2,222,610	+-	-		
jointly or	32	Retirement savings contributions credit. Attach Form 8880. 32 422,717	+	-		
Qualifying widow(er),	33	Child tax credit (see page 37). Attach		_		
\$10,300		Form 8901 if required. 33 8,892,148				
Head of household,	34	Add lines 29 through 33. These are your total credits.		34	12,583,075	
\$7,550	35	Subtract line 34 from line 28. If line 34 is more than line 28, enter -0		35	42,634,812	
	36	Advance earned income credit payments from Form(s) W-2, box 9.		36	43,602	
	37	Add lines 35 and 36. This is your total tax.		37	42,678,414	
	38	Federal income tax withheld from Forms W-2 and 1099. 38 74,017,483	+-	_		
If you have	39	2006 estimated tax payments and amount applied from 2005 return. 39 843,005				
a qualifying	40a		+	_		
child, attach Schedule	b		+	_		
EIC.	41	Additional child tax credit. Attach Form 8812. 41 8,224,928		_		
	42	Credit for federal telephone excise tax paid.			CA witheld = 1,0	
		Attach Form 8913 if required. 42 955,586		_	equest = 23,909	1
	43	Add lines 38, 39, 40a, 41, and 42. These are your total payments.		43	111,876,216	
Refund	44	If line 43 is more than line 37, subtract line 37 from line 43. This is the amount you overpaid.		44	71,760,911	
Direct deposit?	45a	Amount of line 44 you want refunded to you. If Form 8888 is attached, check here		45a	71,704,131	
See page 53 and fill in	▶ b	Routing number				
45b, 45c, and 45d or	▶ d	Account number				
Form 8888.	46	Amount of line 44 you want applied to your		_		
	47	2007 estimated tax. 46 56,779		_		1
Amount	47	Amount you owe. Subtract line 43 from line 37. For details on how to pay, see page 54.	•	47	2,589,726	
you owe	48	Estimated tax penalty (see page 54). 48 26,617		41	_,,,	
Third party		Do you want to allow another person to discuss this return with the IRS (see page 55)?	Yes. (Comple	ete the following	. No
Third party designee		Designee's Phone Person	- onal ider	ntificatic	on ———	
	r	name ▶ no. ▶ () numb	oer (PIN))		
Sign	ŀ	Under penalties of perjury, I declare that I have examined this return and accompanying schedules and st knowledge and belief, they are true, correct, and accurately list all amounts and sources of income I receive	d during	ts, and t the tax	to the best of my year. Declaration	
here		of preparer (other than the taxpayer) is based on all information of which the preparer has any knowledg Your signature Your occupation	e.	l Da	aytime phone num	her
Joint return? See page 18.		Suite Sugnature			۱ استان کی استان کی استان کی در استان کرد در استان کی در استان کام در استان کی در استان کی در استان کام در استان کی در استان کام در استان	
Keep a copy for your records.	3	Spouse's signature. If a joint return, both must sign. Date Spouse's occupation)	
	· r	Preparer's Date Check if		Prep:	arer's SSN or PTIN	1
Paid		Check if self-employ	ed 🗌			
preparer's		Firm's name (or		i		
use only	ž	yours if self-employed),	e no	()	

Department of the Treasury—Internal Revenue Service

Form

Form 1040EZ		Income Tax Return for S Joint Filers With No Dep		2006		OMB No. 1545-(0074
Label		Your first name and initial	Last name	Filed = 22,570,6	53	Your social security number	∍r
(See page 11.) Use the IRS	A B E	If a joint return, spouse's first name and initial	Last name *Includes 742,	859 1040EZ-T r	eturns	Spouse's social security num	ıber
label. Otherwise, please print	HE	Home address (number and street). If you have a P	P.O. box, see page 11.		Apt. no.	You must enter your SSN(s) above.	
or type. Presidential Election	R E	City, town or post office, state, and ZIP code. If you Single = 21,082,504		ee page 11. 1,488,149	J	Checking a box below will change your tax or refund.	
Campaign (page 11)		Check here if you, or your spouse if a	joint return, want \$3	to go to this fund		□ You □ Spoo	use
Income	1	Wages, salaries, and tips. This shoul Attach your Form(s) W-2.	d be shown in box 1			1 378,041,793	
Attach Form(s) W-2 here.	_2	Taxable interest. If the total is over \$	1,500, you cannot us	se Form 1040EZ.	npt interest = 79	2 506,533	
Enclose, but do not attach,	_3	Unemployment compensation and A	laska Permanent Fu	Other net income nd dividends (see p	,	3 2,927,208	
any payment.	<u>4</u> 5		-	ne.	me = 382,025,6	692 4 382,025,692	
		applicable box(es) below and enter the You Spouse If no one can claim you (or your spouse) \$16,900 if married filing jointly. S	amount from the wo	rksheet on back.), enter \$8,450 if		⁵ 58,156,342	
	6	Subtract line 5 from line 4. If line 5 This is your taxable income.	is larger than line 4	, enter -0	•	6 276,354,423	
Payments and tax	8:	Federal income tax withheld from boat Earned income credit (EIC).	ox 2 of your Form(s) W-2.		7 42,946,831 8a 514,570	
and tax	!	b Nontaxable combat pay election.		8b 0			
	9			Excess FICA / RR		9 286,604 10 43,754,774	
	$\frac{10}{11}$	Add lines 7, 8a, and 9. These are yo Tax. Use the amount on line 6 abov 24–32 of the booklet. Then, enter the	ve to find your tax is	n the tax table on p		11 31,862,147	
Refund Have it directly	128	If line 10 is larger than line 11, subt If Form 8888 is attached, check here	ract line 11 from lin		refund.	12a 12,560,078	
deposited! See page 18 and fill in 12b, 12c,	► t	Routing number	▶ c	Type: Checkin	g Savings		
and 12d or Form 8888.	> d						
Amount you owe	13	If line 11 is larger than line 10, subtraction the amount you owe. For details on	how to pay, see page	e 19.	DONG W	13 667,452	
Third party designee		you want to allow another person to di signee's ne	Phone no.	h the IRS (see page	Personal ide number (PIN		No
Sign here Joint return? See page 11.	acc on a	der penalties of perjury, I declare that I have of urrately lists all amounts and sources of incom all information of which the preparer has any ur signature	e I received during the				
Keep a copy for your records.	Spo	ouse's signature. If a joint return, both must s	sign. Date	Spouse's occupati	on		
Paid preparer's		parer's hature		Date (Check if self-employed	Preparer's SSN or PTIN	
use only	you	n's name (or irs if self-employed), iress, and ZIP code			EIN Phone no.	()	

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2006 ESTIMATED DATA LINE COUNTS - (ALL FIGURES ARE ESTIMATES BASED ON SAMPLES)

AMOUNTS OF SELECTED LINES FILED (IN THOUSANDS OF DOLLARS)

Schedule 1 (Form 1040A)

Department of the Treasury—Internal Revenue Service

Interest and Ordinary Dividends for Form 1040A Filers

20	n	6	
-/1			

OMB No. 1545-0074

Traine(s) shown on F	-01111 1040/	Total Schedules Filed = 2,324,309	1001	Social Security Hui	ilibei		
Part I		Note. If you received a Form 1099-INT, Form 1099-OID, or substitute subrokerage firm, enter the firm's name and the total interest shows					
(See back of schedule and the	1	List name of payer. If any interest is from a seller-financed mortgage and the buyer used the property as a personal residence, see back of schedule and list this interest first. Also, show that buyer's social					
instructions for Form 1040A, line 8a.)	Note. If you received a Form 1099-INT, Form 1099-OID, or substitute therest brokerage firm, enter the firm's name and the total interest show and the buyer used the property as a personal residence, see back of schedule and list this interest first. Also, show that buyer's social security number and address. 2 Add the amounts on line 1. 3 Excludable interest on series EE and I U.S. savings bonds issued after 1989. Attach Form 8815. 4 Subtract line 3 from line 2. Enter the result here and on Form 1040A, line 8a. Note. If you received a Form 1099-DIV or substitute statement from a enter the firm's name and the ordinary dividends shown on that the structions of Form 1040A, line 8a.	1	Amount				
	2	Add the amounts on line 1.	2	9,879,636			
	3	after 1989. Attach Form 8815.	3				
	4	·	4				
Part II		Note. If you received a Form 1099-DIV or substitute statement from a been enter the firm's name and the ordinary dividends shown on that f		age firm,			
Ordinary dividends	5	List name of payer.		Amount			
(See back of schedule and the instructions			5				
for Form 1040A, line 9a.)							
	6	Add the amounts on line 5. Enter the total here and on Form 1040A, line 9a.	6	1,937,481			

Cat. No. 12075R

Schedule 2 (Form 1040A) Department of the Treasury—Internal Revenue Service

Child and Dependent Care

Expenses for Form 1040A Filers (99) 2

2006 OMB No. 1545-0074

	EX	penses	s for Fori	n 104	40A FI	iers	(99)	2006			OMB No. 154	5-007
Name(s) shown on Form	1040	A	Total Sch	edules	Filed =	2,074,5	518			Your socia	I security number	
Before you beg Dependent c				tand th			ns. See C I g perso i		on page 1		arate instruction	
Part I	1	(a)	Care provider	r's	(b) Add	dress (nur	nber, stree , and ZIP o	et, apt. no., code)		ntifying SN or EIN)	(d) Amount p (see instruction	
Persons or organizations who provided												
the care											6,633,195	
You must complete this part.		(If you need more space, use the bottom of page 2.) Did you receive dependent care benefits? No → Complete only Part Wes → Complete Part III or							•			
		must u	use Form 10)40. S	ee Sche	edule H	and its	instruction	s for detai	ls.	axes. If you do	
Part II	2		ation about structions.	your	qualifyir	ng pers	son(s). If	you have	more than	two quali	fying persons,	
Credit for child and dependent care expenses			(a) Quali First	ifying pe	erson's na	ame Last			alifying perso security num		you incurred and in 2006 for the plisted in column	d paid bersor
•											5,056,896	
											1,316,594	
		·							3. 4	5,321,763 60,031,057		
	5	If married filing jointly, enter your spouse's earned income (if your spouse was a student or was disabled, see the instructions); all others, enter the amount from line 4. 5 12,642,243										
	6	Enter t	the smalles	t of lir	ne 3, 4,	or 5.				6	5,281,024	
	_7	Enter t	he amount	from I	Form 10)40A, lir	ne 22.	7				
	8		on line 8 the nt on line 7. 7 is:	e decii	mal amo	ount sho	own belo		plies to the	e		
		Over	But not over		cimal ount is		Over	But not over	Decima amount	_		
		15,000- 17,000- 19,000- 21,000- 23,000-	—15,000 —17,000 —19,000 —21,000 —23,000 —25,000 —27,000		.35 .34 .33 .32 .31 .30		31,000 33,000 35,000 37,000 39,000	—31,000 —33,000 —35,000 —37,000 —39,000 —41,000 —43,000	.27 .26 .25 .24 .23 .22			
	9	27,000-	29,000 ly line 6 by	the de	.28	mount	43,000	—No limit	.20	8	×	<u>. </u>
	_		ses in 2006					, 500 pc		9 0	urrent yr 1,38	9,34
			he amount							10		
	11		for child a						ne smaller		otal credit - 1 03	 86 4₁

of line 9 or line 10 here and on Form 1040A, line 29.

11 Total credit - 1,036,440

Schedule 2 (Form 1040A) 2006

AMOUNTS OF SELECTED LINES FILED (IN THOUSANDS OF DOLLARS)

Page 2

12 Enter the total amount of dependent care benefits you received Part III for 2006. This amount should be shown in box 10 of your Form(s) **Dependent** W-2. **Do not** include amounts that were reported to you as wages in box 1 of Form(s) W-2. 238.868 care benefits 12 Enter the amount, if any, you carried over from 2005 and used in 2006 during the grace period. See the instructions. 13 Enter the amount, if any, you forfeited or carried forward to 2007. See the instructions. 14 (**15** Combine lines 12 through 14. See the instructions. 15 Enter the total amount of qualified expenses incurred in 2006 for the care of the qualifying 449,062 person(s). 16 **17** Enter the **smaller** of line 15 or 16. 17 60,031,057 **18** Enter your **earned income.** See the instructions. 18 19 Enter the amount shown below that applies to you. • If married filing jointly, enter your spouse's earned income (if your spouse was a student or was disabled, see the instructions for line 5). • If married filing separately, see the instructions for the amount to enter. • All others, enter the amount from line 18. 19 12,642,243 20 Enter the smallest of line 17, 18, or 19. 21 Excluded benefits. Enter here the smaller of the following: • The amount from line 20, or • \$5,000 (\$2,500 if married filing separately and you were required to enter your spouse's earned income on line 19). 21 195,069 Taxable benefits. Subtract line 21 from line 15. Also, include this amount on Form 1040A, line 7. In the space to the left of line 7, enter "DCB." 22 21,202 To claim the child and dependent care credit, complete lines 23-27 below. 23 Enter \$3,000 (\$6,000 if two or more qualifying persons). 23 24 Enter the amount from line 21. 24 195,069 25 Subtract line 24 from line 23. If zero or less, stop. You cannot take the credit. **Exception.** If you paid 2005 expenses in 2006, see the 25 instructions for line 9. Complete line 2 on the front of this schedule. Do not include in column (c) any benefits shown on line 21 above. Then, add the amounts in column (c) and enter the total here. 26

Enter the **smaller** of line 25 or 26. Also, enter this amount on line 3

on the front of this schedule and complete lines 4–11.

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Schedule 3 (Form 1040A)

Department of the Treasury-Internal Revenue Service

Credit for the Elderly or the Disabled for Form 1040A Filers

2006

OMB No. 1545-0074

Name(s) shown on Form 1040A	Your social security number							
Total Forms Filed = 213,818								
You may be able to take this credit and reduce your tax if by the end of	of 2006:							
 ◆ You were age 65 or older or ◆ You were under age 65, you 	•							
and total disability, and y	ou received taxable							
disability income.	disability income.							
But you must also meet other tests. See the separate instructions for S	Schedule 3.							

In most cases, the IRS can figure the credit for you. See the instructions. Part I If your filing status is: And by the end of 2006: Check only one box: Check the Single, **1** You were 65 or older box for your Head of household, or filing status Qualifying widow(er) 2 You were under 65 and you retired on permanent and age and total disability **3** Both spouses were 65 or older 4 Both spouses were under 65, but only one spouse retired on permanent and total disability 4 5 Both spouses were under 65, and both retired on permanent and total disability. 5 Married filing iointly 6 One spouse was 65 or older, and the other spouse was under 65 and retired on permanent and total 7 One spouse was 65 or older, and the other spouse was under 65 and not retired on permanent and 8 You were 65 or older and you lived apart from your spouse for all of 2006 8 Married filing 9 You were under 65, you retired on permanent and separately total disability, and you lived apart from your spouse for all of 2006 $\dots \dots \dots \dots \dots$ 9 Did you check Skip Part II and complete Part III on the back. box 1, 3, 7, or No — Complete Parts II and III. 8? Part II

Statement of permanent and total disability

Complete this part only if you checked box 2, 4, 5, 6, or 9 above.

- 1 You filed a physician's statement for this disability for 1983 or an earlier year, or you filed or got a statement for tax years after 1983 and your physician signed line B on the statement, and
 - 2 Due to your continued disabled condition, you were unable to engage in any substantial gainful activity in 2006, check this box
 - If you checked this box, you do not have to get another statement for 2006.
 - If you did not check this box, have your physician complete the statement on page 4 of the instructions. You must keep the statement for your records.

Schedule 3 (Form 1040A) 2006

AMOUNTS OF SELECTED LINES FILED (IN THOUSANDS OF DOLLARS)

Page 2

Part III Figure your credit

10	If you checked (in Part I):	Enter:						
	Box 1, 2, 4, or 7	\$5,000						
	Box 3, 5, or 6	. \$7,500						
	Box 8 or 9	. \$3,750 10						

Did you check You must complete line 11. Yes box 2, 4, 5, 6, or 9 in Part I? No -Enter the amount from line 10 on line 12 and go to line 13.

- 11 If you checked (in Part I):
 - Box 6, add \$5,000 to the taxable disability income of the spouse who was under age 65. Enter the total.
 - Box 2, 4, or 9, enter your taxable disability income.
 - Box 5, add your taxable disability income to your spouse's taxable disability income. Enter the total.

	For more details on what to include on line 11, see the instructions.	11	*	
12	If you completed line 11, enter the smaller of line 10 or line 11; all others , enter the amount from line 10.	12	638,205	

13b

- 13 Enter the following pensions, annuities, or disability income that you (and your spouse if filing a joint return) received in 2006.
 - a Nontaxable part of social security benefits

Nontaxable part of railroad retirement benefits 182,831 treated as social security (see the instructions).

b Nontaxable veterans' pensions and

Any other pension, annuity, or disability benefit that is excluded from income under any other provision of law (see the instructions).

c Add lines 13a and 13b. (Even though these income items are not taxable, they must be included here to figure your credit.) If you did not receive any of the types of nontaxable income listed on line 13a or 13b, enter -0- on line 13c. 13c 187,444

14 Enter the amount from Form 1040A, line 22. 14

15 If you checked (in Part I): Enter: \$7,500 Box 1 or 2 Box 3, 4, 5, 6, or 7. \$10,000 Box 8 or 9 . . . \$5,000 15 16 Subtract line 15 from line 14. If zero or less, 529,074 enter -0-. 16 17 Enter one-half of line 16. 17 264,558

18 Add lines 13c and 17. 18 452,002 19 Subtract line 18 from line 12. If zero or less, stop; you cannot take 307.322 the credit. Otherwise, go to line 20. 19 20 Multiply line 19 by 15% (.15). 20 21 Enter the amount from Form 1040A, line 28, minus any amount on Form 1040A, line 29. 21 22 Credit for the elderly or the disabled. Enter the smaller of line 20 or line 21 here and on Form 1040A, line 30. 9.160 22

SCHEDULES A&B (Form 1040)

Department of the Treasury Internal Revenue Service

Schedule A—Itemized Deductions

(Schedule B is on back)

► Attach to Form 1040. ► See Instructions for Schedules A&B (Form 1040).

OMB No. 1545-0074

2006

Attachment
Sequence No. 07

Name(s) shown on Form 1040 Your social security number Total scheduled filed = 49,633,233 Medical **Caution.** Do not include expenses reimbursed or paid by others. 110,362,922 1 and 1 Medical and dental expenses (see page A-1) . . . Enter amount from Form 1040, line 38 2 **Dental** 2 Multiply line 2 by 7.5% (.075). 3 39.659.600 **Expenses** 3 Subtract line 3 from line 1. If line 3 is more than line 1, enter -0-. 70,704,272 4 4 Income tax = 246,381,591 5 265,306,032 5 State and local income taxes Taxes You 156,384,349 Real estate taxes (see page A-3) 6 General sales tax = 18,924,441 Paid 6 7 8,958,052 7 (See page A-3.) 8 Other taxes. List type and amount ▶..... 2,125,666 9 Add lines 5 through 8 9 432,774,100 437,057,932 10 Home mortgage interest and points reported to you on Form 1098 Interest You Paid Home mortgage interest not reported to you on Form 1098. If paid 11 to the person from whom you bought the home, see page A-3 (See page A-3.) and show that person's name, identifying no., and address 6,093,762 11 Note. Personal Points not reported to you on Form 1098. See page A-4 12 interest is 12 2,591,861 for special rules not 13 Investment interest. Attach Form 4952 if required. (See deductible. 24,731,289 13 470,474,844 14 Add lines 10 through 13 14 Gifts to 15 Gifts by cash or check. If you made any gift of \$250 or 15 144,223,015 Charity more, see page A-5 If you made a 16 Other than by cash or check. If any gift of \$250 or more, gift and got a 52,631,443 16 see page A-5. You must attach Form 8283 if over \$500 benefit for it. 25,122,432 17 17 Carryover from prior year see page A-4. 186,646,644 18 Add lines 15 through 17 18 Casualty and Theft Losses 19 Casualty or theft loss(es). Attach Form 4684. (See page A-6.) 5,135,555 19 Job Expenses 20 Unreimbursed employee expenses—job travel, union and Certain dues, job education, etc. Attach Form 2106 or 2106-EZ 75,600,830 20 Miscellaneous if required. (See page A-6.) ▶ 5,758,548 21 **Deductions** 21 (See 22 Other expenses—investment, safe deposit box, etc. List page A-6.) type and amount ▶..... 29,472,844 110,832,221 23 23 Add lines 20 through 22 Enter amount from Form 1040, line 38 24 24 71,010,441 25 Multiply line 24 by 2% (.02) 76.666.241 Subtract line 25 from line 23. If line 25 is more than line 23, enter -0- . 26 26 Other Other—from list on page A-7. List type and amount ▶ Miscellaneous Gambling loss deduction = 19,100,144 Other than gambling ded. = 2,525,301 **Deductions** Propterty income, casualty & theft deduction = 362,431 21,987,875 27 Total 28 Is Form 1040, line 38, over \$150,500 (over \$75,250 if married filing separately)? Itemized No. Your deduction is not limited. Add the amounts in the far right column 1,229,237,288 **Deductions** for lines 4 through 27. Also, enter this amount on Form 1040, line 40. 28 Yes. Your deduction may be limited. See page A-7 for the amount to enter. If you elect to itemize deductions even though they are less than your standard deduction, check here ►

2006 ESTIMATED DATA LINE COUNTS - (ALL FIGURES ARE ESTIMATES BASED ON SAMPLES) AMOUNTS OF SELECTED LINES FILED (IN THOUSANDS OF DOLLARS) Schedules A&B (Form 1040) No. 1545-0074 Name(s) shown on Form 1040. Do not enter name and social security number if shown on other side. Your social security number Total Schedules Filed = 25,836,657 Filed Electronically = 10,793,887 Attachment Schedule B—Interest and Ordinary Dividends Sequence No. 08 **Amount** List name of payer. If any interest is from a seller-financed mortgage and the Part I buyer used the property as a personal residence, see page B-1 and list this Interest interest first. Also, show that buyer's social security number and address (See page B-1 F1040 = 23,512,348 and the Of the total schedules filed, instructions for F1040A = 2,324,309Form 1040, line 8a.) 1 Note. If you received a Form 1099-INT, Form 1099-OID, or substitute statement from a brokerage firm, The component parts of line 2 are as follows: list the firm's F1040 = 202,913,804 F1040A = 9,879,636 name as the payer and enter the total interest 212,793,440 2 2 Add the amounts on line 1 shown on that form. Excludable interest on series EE and I U.S. savings bonds issued after 1989. 3 37,603 3 4 Subtract line 3 from line 2. Enter the result here and on Form 1040, line 8a ▶ Note. If line 4 is over \$1,500, you must complete Part III. **Amount** List name of payer ▶ Part II **Ordinary Dividends** (See page B-1 and the instructions for Form 1040, line 9a.) Note. If you 5 received a Form 1099-DIV or substitute statement from a brokerage firm, list the firm's name as the payer and enter the ordinary The component parts of line 6 are as follows: dividends shown F1040 = 192,938,992 F1040A = 1,937,481 on that form. Add the amounts on line 5. Enter the total here and on Form 1040, line 9a . 6 194,876,474 Note. If line 6 is over \$1,500, you must complete Part III. No Yes

Part III **Foreign Accounts** and Trusts

(See

You must complete this part if you (a) had over \$1,500 of taxable interest or ordinary dividends; or (b) had a foreign account; or (c) received a distribution from, or were a grantor of, or a transferor to, a foreign trust.

7a At any time during 2006, did you have an interest in or a signature or other authority over a financial account in a foreign country, such as a bank account, securities account, or other financial account? See page B-2 for exceptions and filing requirements for Form TD F 90-22.1.

b If "Yes," enter the name of the foreign country ▶

During 2006, did you receive a distribution from, or were you the grantor of, or transferor to, a page B-2.) foreign trust? If "Yes," you may have to file Form 3520. See page B-2

SCHEDULE C (Form 1040)

Profit or Loss From Business

(Sole Proprietorship)

OMB No. 1545-0074

206

Attachment

▶ Partnerships, joint ventures, etc., must file Form 1065 or 1065-B. Department of the Treasury Internal Revenue Service Attachment Sequence No. **09** (99)▶ Attach to Form 1040, 1040NR, or 1041. ▶ See Instructions for Schedule C (Form 1040). Name of proprietor Social security number (SSN) Total Schedules Filed = 22.076.125 Includes 4,027,891 Schedule C-EZ's Principal business or profession, including product or service (see page C-2 of the instructions) B Enter code from pages C-8, 9, & 10 C Business name. If no separate business name, leave blank. D Employer ID number (EIN), if any Business address (including suite or room no.) ▶ City, town or post office, state, and ZIP code (3) ☐ Other (specify) ► Accounting method: (1) Cash (2) Accrual G Did you "materially participate" in the operation of this business during 2006? If "No," see page C-3 for limit on losses \square Yes \square No Income Gross receipts or sales. Caution. If this income was reported to you on Form W-2 and the "Statutory 1,300,090,323 1 employee" box on that form was checked, see page C-3 and check here 4,347,064 2 2 Returns and allowances 3 1.295.743.259 Subtract line 2 from line 1 446,661,854 4 4 Cost of goods sold (from line 42 on page 2) 849,081,405 5 5 23,092,739 6 Other income, including federal and state gasoline or fuel tax credit or refund (see page C-3). . . 872,174,144 7 **Expenses.** Enter expenses for business use of your home **only** on line 30. Part II 15,292,528 13,067,028 18 8 Advertising **18** Office expense . . . 1,261,935 19 19 Pension and profit-sharing plans Car and truck expenses (see 75,513,553 9 **20** Rent or lease (see page C-5): 9,323,523 15,578,803 10 20a 10 Commissions and fees a Vehicles, machinery, and equipment . 34,682,027 31,212,124 11 20b 11 Contract labor (see page C-4) **b** Other business property . . . 12 1,058,233 21 15,749,512 Depletion 21 Repairs and maintenance . 12 32,235,613 22 22 Supplies (not included in Part III) . 13 Depreciation and section 179 17,650,616 23 Taxes and licenses . . . expense deduction (not 24 Travel, meals, and entertainment: included in Part III) (see 11,862,078 13 38,924,071 24a page C-4) **a** Travel Employee benefit programs **b** Deductible meals and 2.875.854 7,308,792 14 24b (other than on line 19). entertainment (see page C-6) 19,042,606 15 23,836,617 Insurance (other than health) . 25 25 Utilities 15 26 77,046,866 26 Wages (less employment credits) . 6,289,256 16a a Mortgage (paid to banks, etc.) . 27 Other expenses (from line 48 on 16h 7,112,165 27 110,660,352 **b** Other page 2) Legal and professional services . . . _ . . 10,129,004 17 581,307,776 28 28 Total expenses before expenses for business use of home. Add lines 8 through 27 in columns . 29 290,866,129 29 10,109,773 30 30 Expenses for business use of your home. Attach Form 8829 Net profit or (loss). Subtract line 30 from line 29. 31 • If a profit, enter on both Form 1040, line 12, and Schedule SE, line 2, or on Form 1040NR, 281,527,260 31 line 13 (statutory employees, see page C-6). Estates and trusts, enter on Form 1041, line 3. nondeductible loss (+)/suspended loss carryover (-) = 770,666 • If a loss, you **must** go to line 32. If you have a loss, check the box that describes your investment in this activity (see page C-6). • If you checked 32a, enter the loss on both Form 1040, line 12, and Schedule SE, line 2, or on **32a** All investment is at risk. Form 1040NR, line 13 (statutory employees, see page C-6). Estates and trusts, enter on Form 1041, 32b Some investment is not at risk.

• If you checked 32b, you must attach Form 6198. Your loss may be limited.

Sche	hedule C (Form 1040) 2006 AMOUNTS OF SELECTED LINES FILED (IN TH	IOUSANDS OF I	DOLL/	ARS)	Page 2
Pa	art III Cost of Goods Sold (see page C-7)				
33	Method(s) used to value closing inventory: a ☐ Cost b ☐ Lower of cost or mark	ket c		:her (attach explanati	ion)
34				,	Olly
•	If "Yes," attach explanation	-		🗌 Yes	☐ No
35	Inventory at beginning of year. If different from last year's closing inventory, attach ex	xplanation	35	37,658,119	
36	Purchases less cost of items withdrawn for personal use		36	275,466,006	
37	Cost of labor. Do not include any amounts paid to yourself		37	30,240,724	
38	Materials and supplies		38	60,318,161	
39	Other costs		39	84,541,294	_
40	Add lines 35 through 39		40		
41	Inventory at end of year		41	41,562,451	
42	Cost of goods sold. Subtract line 41 from line 40. Enter the result here and on page	a 1. line 4	42		
	Information on Your Vehicle. Complete this part only if y line 9 and are not required to file Form 4562 for this busines C-4 to find out if you must file Form 4562.	ou are claimir			
43	When did you place your vehicle in service for business purposes? (month, day, year	r) > /	/		
44	Of the total number of miles you drove your vehicle during 2006, enter the number of	f miles you used yo	our vel	nicle for:	
а	a Business b Commuting (see instructions)	c Oth	ier		
45	Do you (or your spouse) have another vehicle available for personal use?			🗌 Yes	☐ No
46	Was your vehicle available for personal use during off-duty hours?			🗌 Yes	☐ No
47a	a Do you have evidence to support your deduction?			🗌 Yes	☐ No
b	b If "Yes," is the evidence written?			🗌 Yes	☐ No
Pa	b If "Yes," is the evidence written? art V Other Expenses. List below business expenses not included	on lines 8-26	or lin	e 30.	
					_
_					
10	Total other expenses Enter here and on page 1 line 27		40		

SCHEDULE C-EZ (Form 1040)

Net Profit From Business

(Sole Proprietorship)

	tment of the Treasury al Revenue Service	► Attach to Form 1040, 1040NR, o			k.		Atta Ser	achmen quence	ıt No.	09	Α
Name	e of proprietor	ns Filed = 4,027,891 Information tabula	ated with the Sch	C's	So	cial secu	rity n	umber	(SS	N)	
Pa		Information	ated with the con.			i		_ i			
Sch Inst Sch	May Use edule C-EZ ead of edule C / If You:	 Had business expenses of \$5,000 or less. Use the cash method of accounting. Did not have an inventory at any time during the year. Did not have a net loss from your business. Had only one business as either a sole proprietor or statutory employee. 	And You:	 Had no e Are not repercial this busined for Scheology C-4 to firest the point of the business Do not he passive a business 	equirition ness. dule nd ou educe use ave pactivi	red to fil and Am . See the C, line ut if you et expen of your orior yea	e For ortiza e inst 13, or must ses fo home	rm 456 tition, for ruction n page t file. or e.	52, or ns		
Α	Principal business	or profession, including product or service			В	Enter cod	le fron	1 pages	C-8 ,	9, 8	& 10
С	Business name. If	no separate business name, leave blank.			D	Employ	er ID r	number	(EI	N),	if any
E	Business address	(including suite or room no.). Address not requi	red if same as on page	e 1 of your tax i	retur	 n.			_		
Pai	Gross receipts. employee" box o	office, state, and ZIP code Your Net Profit Caution. If this income was reported to you on that form was checked, see Statutory E. 1, on page C-3 and check here	Employees in the ins			1					
2	Total expenses	(see instructions). If more than \$5,000, yo	u must use Schedu	le C		2					
3	Net profit. Subt both Form 1040 employees do no	ract line 2 from line 1. If less than zero, you line 12, and Schedule SE, line 2, or or or report this amount on Schedule SE, line	ou must use Scheon Form 1040NR, lin 2. Estates and trust	dule C. Enter on Enter on Fo	ry	3					
Pai	rt III Informa	tion on Your Vehicle. Complete this pa	art only if you are o	claiming car o	or tr	uck ex	pens	ses o	n li	ne	2.
4	When did you pl	ace your vehicle in service for business po	urposes? (month, da	ıy, year) ▶	/	<i>'</i>		•			
5	Of the total num	ber of miles you drove your vehicle during	2006, enter the nur	mber of miles	you	used y	our v	vehicle	e fo	or:	
а	Business	b Commuting (see instruct	ions)	c Othe	er						
6	Do you (or your	spouse) have another vehicle available for	personal use?				. \sqsubset	Yes	i		No

Cat. No. 14374D

b If "Yes," is the evidence written?

☐ Yes

☐ No

□ No

Capital Gains and Losses

► Attach to Form 1040 or Form 1040NR. ► See Instructions for Schedule D (Form 1040).

▶ Use Schedule D-1 to list additional transactions for lines 1 and 8.

OMB No. 1545-0074 Attachment Sequence No. 12

Department of the Treasury Internal Revenue Service Name(s) shown on return

SCHEDULE D

(Form 1040)

Total Schedules Filed = 22,743,370 Total sales reported with Form 1099 = 4,223,580,787

Your social security number

	(15)	(b) Date			(d) Sales pr	ice	(e) Cost or oth	er hasis	i	`
	(a) Description of property (Example: 100 sh. XYZ Co.)	acquired (Mo., day, yr.)	(c) Date (Mo., da		(see page D-	6 of	(see page D	-7 of	(f) Gain or (loss Subtract (e) from	
1		(IVIO., day, yr.)			the instruction	!	uic iiisuuci	1		
						<u> </u>		<u> </u>	i	
_								1		
						!				
2	Enter your short-term totals, if ar		ıle D-1,	2					6,397,788	
3	line 2 Total short-term sales price amou								,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
3	column (d)			3	2,738,770,939					
4	Short-term gain from Form 6252 and	d short-term gain	or (loss)	from I	orms 4684,	6781	, and 8824	4	3,323,386	
5	Net short-term gain or (loss) from Schedule(s) K-1		•			nd t	rusts from	5	17,873,014	
6	Short-term capital loss carryover. E Carryover Worksheet on page D-7							6	(105,089,820	
7	Net short-term capital gain or (los	ss). Combine line	s 1 throu	ıah 6	in column (f)			7	-77,494,418	
				<u>J</u>	()					
	Mall I And-I arm (Sanital (Sains	and I accac	Accate	Hald	More Than	n On	a Vaar	Shor	t term non-ded. los	S = "
-a	rt II Long-Term Capital Gains		Assets	Held						S =
-e	(a) Description of property	(b) Date acquired	(c) Date	sold	(d) Sales pr (see page D-	ice 6 of	(e) Cost or oth (see page D	er basis	(f) Gain or (loss	s)
		(b) Date		sold	(d) Sales pr	ice 6 of	(e) Cost or oth	er basis	I	s)
	(a) Description of property	(b) Date acquired	(c) Date	sold	(d) Sales pr (see page D-	ice 6 of	(e) Cost or oth (see page D	er basis	(f) Gain or (loss	s)
	(a) Description of property	(b) Date acquired	(c) Date	sold	(d) Sales pr (see page D-	ice 6 of	(e) Cost or oth (see page D	er basis	(f) Gain or (loss	s)
	(a) Description of property	(b) Date acquired	(c) Date	sold	(d) Sales pr (see page D-	ice 6 of	(e) Cost or oth (see page D	er basis	(f) Gain or (loss	s)
	(a) Description of property	(b) Date acquired	(c) Date	sold	(d) Sales pr (see page D-	ice 6 of	(e) Cost or oth (see page D	er basis	(f) Gain or (loss	s)
	(a) Description of property	(b) Date acquired	(c) Date	sold	(d) Sales pr (see page D-	ice 6 of	(e) Cost or oth (see page D	er basis	(f) Gain or (loss	s)
	(a) Description of property	(b) Date acquired	(c) Date	sold	(d) Sales pr (see page D-	ice 6 of	(e) Cost or oth (see page D	er basis	(f) Gain or (loss	s)
8	(a) Description of property	(b) Date acquired	(c) Date	sold	(d) Sales pr (see page D-	ice 6 of	(e) Cost or oth (see page D	er basis	(f) Gain or (loss	s)
	(a) Description of property (Example: 100 sh. XYZ Co.) Enter your long-term totals, if an	(b) Date acquired (Mo., day, yr.)	(c) Date (Mo., da	sold y, yr.)	(d) Sales pr (see page D-	ice 6 of	(e) Cost or oth (see page D	er basis	(f) Gain or (loss Subtract (e) from	s)
9	(a) Description of property (Example: 100 sh. XYZ Co.) Enter your long-term totals, if an line 9	(b) Date acquired (Mo., day, yr.)	(c) Date (Mo., da	sold	(d) Sales pr (see page D-	ice 6 of	(e) Cost or oth (see page D	er basis	(f) Gain or (loss	s)
9	(a) Description of property (Example: 100 sh. XYZ Co.) Enter your long-term totals, if an	(b) Date acquired (Mo., day, yr.)	(c) Date (Mo., da	sold y, yr.)	(d) Sales pr (see page D-	ice 6 of nns)	(e) Cost or oth (see page D	er basis	(f) Gain or (loss Subtract (e) from	s)
3	(a) Description of property (Example: 100 sh. XYZ Co.) Enter your long-term totals, if an line 9	(b) Date acquired (Mo., day, yr.)	(c) Date (Mo., da	9 10 3 and	(d) Sales pr (see page D- the instruction	ng-te	(e) Cost or oth (see page D the instruction of the	er basis	(f) Gain or (loss Subtract (e) from	s)
9	(a) Description of property (Example: 100 sh. XYZ Co.) Enter your long-term totals, if an line 9	(b) Date acquired (Mo., day, yr.) acquired	(c) Date (Mo., da	9 10 and ations	(d) Sales pr (see page D- the instruction	ng-te	(e) Cost or oth (see page D the instruction of the	er basis -7 of ons)	(f) Gain or (loss Subtract (e) from	s)
9 0 1 2	(a) Description of property (Example: 100 sh. XYZ Co.) Enter your long-term totals, if an line 9	(b) Date acquired (Mo., day, yr.) ny, from Schedu	(c) Date (Mo., da	9 10 ations	(d) Sales pr (see page D- the instruction	ng-te	(e) Cost or oth (see page D the instruction of the	er basis -7 of ons) 11 12	288,035,257 232,285,931 185,415,943	s)
9 0 1 2	(a) Description of property (Example: 100 sh. XYZ Co.) Enter your long-term totals, if an line 9	(b) Date acquired (Mo., day, yr.) ny, from Schedu	(c) Date (Mo., da	9 10 and ations	(d) Sales pr (see page D- the instruction	ng-te	(e) Cost or oth (see page D the instruction of the	er basis -7 of ons)	288,035,257 232,285,931	s)
9 0 1 2	(a) Description of property (Example: 100 sh. XYZ Co.) Enter your long-term totals, if an line 9	(b) Date acquired (Mo., day, yr.) acquired	(c) Date (Mo., da	9 10 ations rom li	(d) Sales pr (see page D- the instruction) 1,484,809,848 6252; and lo , estates, a ne 15 of you	ng-te	(e) Cost or oth (see page D the instruction of the	er basis -7 of ons) 11 12	288,035,257 232,285,931 185,415,943 51,000,528	s)
9900	(a) Description of property (Example: 100 sh. XYZ Co.) Enter your long-term totals, if an line 9. Total long-term sales price amount column (d). Gain from Form 4797, Part I; long-te (loss) from Forms 4684, 6781, and 8 Net long-term gain or (loss) from Schedule(s) K-1	(b) Date acquired (Mo., day, yr.) acquired	(c) Date (Mo., da	9 10 and ations rom li uah 1	(d) Sales pr (see page D- the instruction) 1,484,809,848 6252; and lo estates, a ne 15 of you	ng-te	erm gain or rusts from pital Loss Then go to	er basis-7 of ons) 11 12	288,035,257 232,285,931 185,415,943 51,000,528	s)

Page 2

Part III **Summary** Combine lines 7 and 15 and enter the result. If line 16 is a loss, skip lines 17 through 20, and go to line 21. If a gain, enter the gain on Form 1040, line 13, or Form 1040NR, line 14. Then go 478,225,415 16 17 Are lines 15 and 16 both gains? ☐ **Yes.** Go to line 18. No. Skip lines 18 through 21, and go to line 22. Enter the amount, if any, from line 7 of the 28% Rate Gain Worksheet on page D-8 of the 18 3,351,630 Enter the amount, if any, from line 18 of the Unrecaptured Section 1250 Gain Worksheet on 25,018,082 19 Are lines 18 and 19 both zero or blank? ☐ Yes. Complete Form 1040 through line 43, or Form 1040NR through line 40. Then complete the Qualified Dividends and Capital Gain Tax Worksheet on page 38 of the Instructions for Form 1040 (or in the Instructions for Form 1040NR). Do not complete lines 21 and 22 below. ■ No. Complete Form 1040 through line 43, or Form 1040NR through line 40. Then complete the Schedule D Tax Worksheet on page D-10 of the instructions. Do not complete lines 21 and 22 below. If line 16 is a loss, enter here and on Form 1040, line 13, or Form 1040NR, line 14, the smaller 21 • The loss on line 16 or • (\$3,000), or if married filing separately, (\$1,500) Note. When figuring which amount is smaller, treat both amounts as positive numbers. Do you have qualified dividends on Form 1040, line 9b, or Form 1040NR, line 10b? Yes. Complete Form 1040 through line 43, or Form 1040NR through line 40. Then complete

the Qualified Dividends and Capital Gain Tax Worksheet on page 38 of the Instructions for

Form 1040 (or in the Instructions for Form 1040NR).

No. Complete the rest of Form 1040 or Form 1040NR.

Schedule D (Form 1040) 2006

SCHEDULE E (Form 1040)

Supplemental Income and Loss

(From rental real estate, royalties, partnerships, S corporations, estates, trusts, REMICs, etc.)

► Attach to Form 1040, 1040NR, or Form 1041. ► See Instructions for Schedule E (Form 1040).

OMB No. 1545-0074

2006
Attachment
Sequence No. 13

Department of the Treasury Internal Revenue Service (99 Name(s) shown on return

Total Forms Filed = 17,306,790

Your social security number

Pa	Income or Loss From Renta Schedule C or C-EZ (see page									person	al pr	operty	y, use
1	List the type and location of each re	ental	real estate pr	opert	y:		each rental real es					Yes	No
Α							ed on line 1, did yo						
						use	it during the tax you	ear tor	perso preate	onai or of:	Α		
В							4 days or	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	groute	01.			
							0% of the total d	avs re	nted	at	В		
С							air rental value?	,					
						(Se	e page E-3.)				С		
Ina	ome:				Prope	erties				_	otals	_	
IIIC	onie.		Α		E	B C			(Ac	ld colun	nns A	, B, ar	nd C.)
3	Rents received	3	RENT						3	234,0	069,	579	
4	Royalties received	4			ROYALT	Υ			4	22,8	48,2	212	
Exp	enses:												
5	Advertising	5											
6	Auto and travel (see page E-4).	6											
7	Cleaning and maintenance	7											
8	Commissions	8											
9	Insurance	9											
10	Legal and other professional fees	10											
11	Management fees	11											
12	mengage miereer para te barme,												
	etc. (see page E-4)	12					0.477.007		12	69,9	27,4	194	
13	Other interest	13	40,000,500		0.504.44	-	6,177,827						
14		14	12,663,593		3,534,44	15	1,682,001						
	Supplies	15											
	Taxes	16											
	Utilities	17											
18	Other (list)												
		18											
		10											
10	Add lines 5 through 18	19	192,319,612		3,423,89	90			19				
	<u>-</u>		,		0,:20,00								
20	Depreciation expense or depletion (see page E-4)	20	52,398,831		2,383,52	26			20				
21	Total expenses. Add lines 19 and 20	21			, , -								
22													
	estate or royalty properties.												
	Subtract line 21 from line 3 (rents)												
	or line 4 (royalties). If the result is a (loss), see page E-5 to find out												
	if you must file Form 6198	22	-10,648,863		17,040,7	95							
23	Deductible rental real estate loss.												
	Caution. Your rental real estate		nonded	uctible	e rental los	S ,	18,437,544						
	loss on line 22 may be limited. See		suspend	ded los	ss carryov	er	4,434,195						
	page E-5 to find out if you must file Form 8582. Real estate												
	professionals must complete line												
	43 on page 2	23	(51,342,377)	() ()					
24	Income. Add positive amounts show	wn on	line 22. Do n e	ot incl	lude any lo	osses			24	79,5			
25	Losses. Add royalty losses from line 22	and i	rental real estate	e losse	s from line	23. En	ter total losses her	e	25	(59,1	74,9	28)
26	Total rental real estate and royalty in												
	If Parts II, III, IV, and line 40 on page							,		000	05.0		
	line 17, or Form 1040NR, line 18. Other	erwise	, include this ar	nount	in the tota	on line	e 41 on page 2		26	20,3	95,2	01	

Sche	edule E (l	Form 1040) 20	AMOUNTS	OF SELECT	ED LINES I	FILED (IN T	HOL	JSANDS OF	DOLLARS)	13	3		Page 2
Nam	e(s) show	vn on return. Do not en	ter name and s	ocial security n	umber if show	n on other side				Your	social	security r	number
		he IRS compares	amounts re	ported on y	our tax retu	rn with amo	ounts	s shown on	Schedule(s)	K-1.		,	
Pa	rt II	Income or Lo which any amount											tivity for
27	loss fr	ou reporting any loss om a passive activit answered "Yes,"	ty (if that loss	was not repo	orted on For	m 8582), or ι	sis li ınrei	mitations, a _l mbursed pai	orior year una tnership expe	llowed enses	d ?	Yes	□ No
28		,	(a) Name		<u> </u>	(b) Enter P for partnership; for S corporate	S	(c) Check if foreign partnership	(d) Emp identific numb	ation		(e) Che any ame not at	ount is
Α						i.e. o cerperat			1101110	,,,,]
В]
C D													<u>]</u>]
		Passive Incom	ne and Loss	<u> </u>			Nor	npassive Ir	come and I	_oss			1
		assive loss allowed Form 8582 if required)		sive income chedule K-1		npassive loss Schedule K-1			on 179 expense			onpassive i n Schedul	
Α		TNERSHIPS	PARTN	ERSHIPS	PARTNE	ERSHIPS		PARTNI	ERSHIPS		PAR	TNERSH	IIPS
В		1,606,600	63,900		_)4,264			2,094			,697,983	
C		S-CORPS 1,766,895	S-CO			DRPS		+	DRPS			CORPS	
D 202	Totals		43,12 107.0	1,252 27,895	57,85	6,980		10,00	34,692			,102,962 ,800,945	
	Totals	00.070.405	101,10		127,7	61,245		23,2	16,787			, , -	
		columns (g) and (j)	of line 29a							30	602	,828,840	
31	Add c	columns (f), (h), and	d (i) of line 2	.9b						31	177	,351,526)
32	result	partnership and here and include	in the total	on line 41	below	Combine lir				32	425	,477,314	
Pa	rt III	Income or Lo	oss From E	Estates an	d Trusts								
33				(a) Na	ame					i		Employer ation numl	oer
Α													
В		Daga	ive Income	and Lass				Man			l l		
	(a) Do	ssive deduction or loss			Passive incon	20		(e) Deduction	passive Inc			r income fr	
		ttach Form 8582 if requ		, ,	m Schedule K			from Sched				edule K-1	——
A B													
	Totals			10	,557,622						9,143	3.802	
	Totals	050 000			, ,			1,865,708	,			<u>, </u>	
35	Add o	columns (d) and (f)	of line 34a							35		701,424	
36		columns (c) and (e)								36	2,5	518,001)
37		estate and trust le in the total on l			bine lines	35 and 36.	Ente	er the result	here and	37	17	183,423	
Pa	rt IV	Income or Lo			e Mortgag	e Investm	ent	Conduits	(REMICs)-			I Holde	r
38		(a) Name	(b) Er	nployer ion number	(c) Exces	ss inclusion from ules Q, line 2c e page E-7)	m	(d) Taxable in	come (net loss)			come from	
						*		1,110					
39		oine columns (d) ar	nd (e) only. E	nter the res	ult here and	d include in	the t	total on line	41 below	39	3	4,415	
	rt V	Summary	(1) (F 400		1 1 12	40.1			40	2 (007 207	
40 41		arm rental income come or (loss). Combine l								40 41		997,397 ,087,829	1
42	Reco	nciliation of farmin	g and fishin	g income. Er	nter your gro	ss farming							
	and fi	shing income repor	rted on Form	4835, line	7; Schedule	K-1 (Form							
		box 14, code B; S				ode T; and	42	61,462,	291				
40		lule K-1 (Form 104	•		,		74	01,702,					
43	profes	iciliation for real c sional (see page E ere on Form 1040 o	-1), enter the	net income	or (loss) yo	ou reported							
		ch you materially par					43	16,915,	309				

2006 ESTIMATED DATA LINE COUNTS - (ALL FIGURES ARE ESTIMATES BASED ON SAMPLES)

AMOUNTS OF SELECTED LINES FILED (IN THOUSANDS OF DOLLARS)

SCHEDULE EIC (Form 1040A or 1040)

Earned Income Credit

Qualifying Child Information



OMB No. 1545-0074 Sequence No. 43

Department of the Treasury Internal Revenue Service Name(s) shown on return Complete and attach to Form 1040A or 1040 only if you have a qualifying child.

Your social security number

Before you begin:

Total Schedules Filed = 18,231,508 Filed Electronically = 15,121,420

See the instructions for Form 1040A, lines 40a and 40b, or Form 1040, lines 66a and 66b, to make sure that (a) you can take the EIC, and (b) you have a qualifying child.



- If you take the EIC even though you are not eligible, you may not be allowed to take the credit for up to 10 years. See back of schedule for details.
- It will take us longer to process your return and issue your refund if you do not fill in all lines that apply for each qualifying child.
- Be sure the child's name on line 1 and social security number (SSN) on line 2 agree with the child's social security card. Otherwise, at the time we process your return, we may reduce or disallow your EIC. If the name or SSN on the child's social security card is not correct, call the Social Security Administration at 1-800-772-1213.

ualifying Child Information	С	hild 1	Child 2			
Child's name If you have more than two qualifying children, you only have to list two to get the maximum credit.	First name	Last name	First name	Last name		
Child's SSN The child must have an SSN as defined on page 43 of the Form 1040A instructions or page 49 of the Form 1040 instructions unless the child was born and died in 2006. If your child was born and died in 2006 and did not have an SSN, enter "Died" on this line and attach a copy of the child's birth certificate.						
Child's year of birth				1987, skip lines 4a) line 5.		
If the child was born before 1988— Was the child under age 24 at the end of 2006 and a student?	Yes. Go to line 5.	No. Continue.	Yes. Go to line 5.	No. Continue.		
Was the child permanently and totally disabled during any part of 2006?	Yes. Continue.	No. The child is not a qualifying child.	Yes. Continue.	No. The child is not a qualifying child.		
Child's relationship to you (for example, son, daughter, grandchild, niece, nephew, foster child, etc.)						
Number of months child lived with you in the United States during 2006 If the child lived with you for more than half of 2006 but less than 7 months, enter "7." If the child was born or died in 2006 and your home was the child's home for the entire time he or she was alive during 2006, enter "12."	Do not enter m	months ore than 12 months.	Do not enter n	months nore than 12 months.		
	Child's name If you have more than two qualifying children, you only have to list two to get the maximum credit. Child's SSN The child must have an SSN as defined on page 43 of the Form 1040A instructions or page 49 of the Form 1040 instructions unless the child was born and died in 2006. If your child was born and died in 2006 and did not have an SSN, enter "Died" on this line and attach a copy of the child's birth certificate. Child's year of birth If the child was born before 1988— Was the child under age 24 at the end of 2006 and a student? Was the child permanently and totally disabled during any part of 2006? Child's relationship to you (for example, son, daughter, grandchild, niece, nephew, foster child, etc.) Number of months child lived with you in the United States during 2006 If the child lived with you for more than half of 2006 but less than 7 months, enter "7." If the child was born or died in 2006 and your home was the child's home for the entire time he	Child's name If you have more than two qualifying children, you only have to list two to get the maximum credit. Child's SSN The child must have an SSN as defined on page 43 of the Form 1040A instructions or page 49 of the Form 1040 instructions unless the child was born and died in 2006. If your child was born and died in 2006 and did not have an SSN, enter "Died" on this line and attach a copy of the child's birth certificate. Child's year of birth Year If born after and 4b; go to If the child was born before 1988— Was the child under age 24 at the end of 2006 and a student? Was the child permanently and totally disabled during any part of 2006? Child's relationship to you (for example, son, daughter, grandchild, niece, nephew, foster child, etc.) Number of months child lived with you in the United States during 2006 If the child lived with you for more than half of 2006 but less than 7 months, enter "7." If the child was born or died in 2006 and your home was the child's home for the entire time he	Child's name If you have more than two qualifying children, you only have to list two to get the maximum credit. Child's SSN The child must have an SSN as defined on page 43 of the Form 1040A instructions or page 49 of the Form 1040 instructions unless the child was born and died in 2006. If your child was born and died in 2006. If your child was born and died in 2006 and didnot have an SSN, enter "Died" on this line and attach a copy of the child's birth certificate. Child's year of birth Year If born after 1987, skip lines 4a and 4b; go to line 5. If the child was born before 1988— Was the child under age 24 at the end of 2006 and a student? Was the child permanently and totally disabled during any part of 2006? Was the child permanently and totally disabled during any part of 2006? Child's relationship to you (for example, son, daughter, grandchild, niece, nephew, foster child, etc.) Number of months child lived with you in the United States during 2006 If the child lived with you for more than half of 2006 but less than 7 months, enter "7." If the child was born or died in 2006 and your home was the child's home for the entire time he	Child's name If you have more than two qualifying children, you only have to list two to get the maximum credit. Child's SSN The child must have an SSN as defined on page 43 of the Form 1040A instructions or page 49 of the Form 1040A instructions unless the child was born and died in 2006 and did not have an SSN, enter "Died" on this line and attach a copy of the child's birth certificate. Child's year of birth Year If born after 1987, skip lines 4a and 4b; go to line 5. If the child was born before 1988— Was the child under age 24 at the end of 2006 and a student? Was the child permanently and totally disabled during any part of 2006? Child's relationship to you (for example, son, daughter, grandchild, niece, nephew, foster child, etc.) Number of months child lived with you in the United States during 2006 If the child was born or died in 2006 and your home was the child's home for the entire time he First name Last name First name First name Last name First name First name Last name First name Last name First name Last name First name Do not enter more than 12 months.		



You may also be able to take the additional child tax credit if your child (a) was under age 17 at the end of 2006, and (b) is a U.S. citizen or resident alien. For more details, see the instructions for line 41 of Form 1040A or line 68 of Form 1040.

SCHEDULE F (Form 1040)

Profit or Loss From Farming

► Attach to Form 1040, Form 1040NR, Form 1041, Form 1065, or Form 1065-B.

OMB No. 1545-0074	
2006	
Attachment Sequence No. 14	

	ment of the Treasury I Revenue Service (99)		► See Instruction	ons for Sc	hedule F (Form 1040).			Attad Sequ	chment uence No.	14
Name	of proprietor		Total Forms	Filed =	1.980.03	2	Soc	ial se	curity num	ber (SSN))
A Pri	ncipal product. Describe in	one or two words					ВЕ	nter	code from	Part IV	
								<u> </u>	<u> </u>		
C Ac	counting method:	(1)	Cash	(2)	Accrual		DE	Emplo	yer ID num	nber (EIN)	, if any
E Did	d you "materially participa	ate" in the operat	ion of this business	during 200	6? If "No,"	see page F-2 for limit	on pas	sive	losses.	Yes	☐ No
Par			•	,		ethod. Complete Pa					,
						dairy purposes. Re 27,337,016	port th	nese	sales on	Form 4	₹797.
1	Sales of livestock and o					17,710,541					
2	Cost or other basis of li		•					2	9,647	494	
3	Subtract line 2 from line							3	**72,60	·	
4	Sales of livestock, prod	. •	· 1 / .	raised . **1,310,46	 34	Fig. Towards area		5b	**1,29		
5a	Cooperative distributions		,	**7,545,54		5b Taxable amo	uiii	6b	**7,48		
	Agricultural program pa Commodity Credit Corp		C 1 0) .			6b Taxable amo	unt	OD	7,10	0,000	
7	CCC loans reported und	, ,						7a	**1,36	3.098	
	CCC loans forfeited .			**169,95	 3	7c Taxable amo	. –	7c	**132		
8	Crop insurance proceed					J 70 Taxable affic				•	
	Amount received in 200			2,206,57		8b Taxable amo	unt	8b	**1,90	7,842	
	If election to defer to 20			8d	I Amount	deferred from 2005		8d			
9	Custom hire (machine v	•						9	**3,69	3,938	
10	Other income, including t					ige F-3)	. L	10	**7,98	9,194	
11	Gross income. Add am		-			-					
	the amount from Part III	, line 51						11	104,01	5,682	
Par	t II Farm Expenses Do not include p			as taxes	, insuranc	e, or repairs on yo	ur hom	ne.			
12	Car and truck expenses (s	ee page		25	Pension	and profit-sharing					
	F-4). Also attach Form 456		1,745,739				. L	25	21,8	366	
13	Chemicals	40	4,214,301	26		lease (see page F-5):					
14	Conservation expenses	(see				, machinery, and					
	page F-4)	. 14	143,629		equipme	nt	. 2	26a			
15	Custom hire (machine v	vork) . 15	3,256,372		b Other (la	nd, animals, etc.) .	. 2	26b			
16	Depreciation and section	on 179		27	Repairs	and maintenance .	. –	27	7,372		
	expense deduction not of			28	Seeds a	nd plants	. -	28	5,322	,469	
	elsewhere (see page F-	4) 16	20,238,867	29	•	and warehousing .	. –	29	0.004	000	-
17	Employee benefit progran		050 770	30			. –	30	3,861		-
	than on line 25		359,772 13,042,726	31			. –	31	2,687	,930	
18	Feed	4.0		32			. –	32			
19	Fertilizers and lime .		8,722,926	33		, breeding, and medicine		33			1
20	Freight and trucking.		6,314,516	34		penses (specify):		34a			
21	Gasoline, fuel, and oil		3,824,623					34b			
22	Insurance (other than he Interest:	eaith) <u>22</u>	0,021,020					34c			
23	Mortgage (paid to bank	s etc.) 23a	4,342,574					34d			
	Other	5, 515.)	4,003,619					34e			
24	Labor hired (less employment		5,270,810		f		··· —	34f			
35	Total expenses. Add lin			otal of all un	nmarked ex	penses = 26,280,56		35	121,02	6,968	
36	Net farm profit or (loss)					uspended Carryover (
	 If a profit, enter the pro- If you file Form 1040NI 	ofit on Form 1040 R, enter the profit	, line 18, and also o on Form 1040NR, li	ne 19.	•	= 76,27	9 _	36	-15,33	1,319	
	• If a loss, you must go				Ü	J					
37	If you have a loss, you m) ,	37~ 「	ΛΙΙ :	stmont :-	ot riols
	 If you checked 37a, e If you file Form 1040l 				on Sched	ule SE, IINE 1.	7	-	☐ All inves		
	• If you checked 37b, y			•	limited.		J	3/D L	Some inve	siment is n	DI AT FISK.

Schedule F (Form 1040) 2006

AMOUNTS OF SELECTED LINES FILED (IN THOUSANDS OF DOLLARS)

Part III Farm Income—Accrual Method (see page F-7).

Do not include sales of livestock held for draft, breeding, sport, or dairy purposes. Report these sales on Form 4797 and do not include this livestock on line 46 below.

38	Sales of livestock, produce, grains, and other products	38	**72,607,190
30	Sales of livestock, produce, grains, and other products		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
39a	Cooperative distributions (Form(s) 1099-PATR) . 39a **1,310,464 39b Taxable amount	39b	**1,293,346
40a	Agricultural program payments	40b	**7,485,630
41	Commodity Credit Corporation (CCC) loans:		
	CCC loans reported under election	41a	**1,363,098
b	CCC loans forfeited	41c	**132,713
42	Crop insurance proceeds	42	**1,907,842
43	Custom hire (machine work) income	43	**3,693,938
44	Other income, including federal and state gasoline or fuel tax credit or refund	44	**7,989,194
45	Add amounts in the right column for lines 38 through 44	45	2,496,721
46	Inventory of livestock, produce, grains, and other products at beginning of the year		
47	Cost of livestock, produce, grains, and other products purchased during the year		
48	Add lines 46 and 47		
49	Inventory of livestock, produce, grains, and other products at end of year		
50	Cost of livestock, produce, grains, and other products sold. Subtract line 49 from line 48*	50	
51	Gross income. Subtract line 50 from line 45. Enter the result here and on Part I, line 11 ▶	51	1,603,688

^{*}If you use the unit-livestock-price method or the farm-price method of valuing inventory and the amount on line 49 is larger than the amount on line 48, subtract line 48 from line 49. Enter the result on line 50. Add lines 45 and 50. Enter the total on line 51 and on Part I, line 11.

Part IV Principal Agricultural Activity Codes



File Schedule C (Form 1040) or Schedule C-EZ (Form 1040) instead of Schedule F if (a) your principal source of income is from providing

agricultural services such as soil preparation, veterinary, farm labor, horticultural, or management for a fee or on a contract basis, or **(b)** you are engaged in the business of breeding, raising, and caring for dogs, cats, or other pet animals.

These codes for the Principal Agricultural Activity classify farms by their primary activity to facilitate the administration of the Internal Revenue Code. These six-digit codes are based on the North American Industry Classification System (NAICS).

Select the code that best identifies your primary farming activity and enter the six digit number on page 1, line B.

Crop Production

111100 Oilseed and grain farming111210 Vegetable and melon farming

111300 Fruit and tree nut farming

111400 Greenhouse, nursery, and floriculture production

111900 Other crop farming

Animal Production

112111 Beef cattle ranching and farming

112112 Cattle feedlots

112120 Dairy cattle and milk production

112210 Hog and pig farming

112300 Poultry and egg production

112400 Sheep and goat farming

112510 Animal aquaculture

112900 Other animal production

Forestry and Logging

113000 Forestry and logging (including forest nurseries and timber tracts)

Page 2

SCHEDULE J (Form 1040)

Department of the Treasury

Income Averaging for Farmers and Fishermen

▶ Attach to Form 1040 or Form 1040NR.

OMB No. 1545-0074 Attachment

Interna	al Revenue Service (99) See Instructions for Schedule J (Form 1040).		Sequence No.	20
Name	e(s) shown on return Total Forms Filed = 55,253	Social securi	ity number (SSN)	
1	Enter the taxable income from your 2006 Form 1040, line 43, or Form 1040NR, line 40 .	1		
2	Enter your elected farm income (see page J-1). Do not enter more than the amount on line		1,714,369	
3	Subtract line 2 from line 1	3	3,340,049	
4	Figure the tax on the amount on line 3 using the 2006 tax rates (see page J-2)	4	581,137	
5 6 7	If you used Schedule J to figure your tax for: 2005, enter the amount from your 2005 Schedule J, line 11. 2004 but not 2005, enter the amount from your 2004 Schedule J, line 15. 2003 but not 2004 nor 2005, enter the amount from your 2003 Schedule J, line 3. Otherwise, enter the taxable income from your 2003 Form 1040, line 40; Form 1040A, line 27; Form 1040EZ, line 6; or Form 1040NR, line 38. If zero or less, see page J-2. Divide the amount on line 2 by 3.0. Combine lines 5 and 6. If zero or less, enter -0-	8	527,107	
8 9 10	Figure the tax on the amount on line 7 using the 2003 tax rates (see page J-3). If you used Schedule J to figure your tax for: 2005, enter the amount from your 2005 Schedule J, line 15. 2004 but not 2005, enter the amount from your 2004 Schedule J, line 3. Otherwise, enter the taxable income from your 2004 Form 1040, line 42; Form 1040A, line 27; Form 1040EZ, line 6; or Form 1040NR, line 39. If zero or less, see page J-5. Enter the amount from line 6. Combine lines 9 and 10. If less than zero, enter as a pegative amount		<i>521</i> ,101	
11	Combine into a and form loss than 2516, office as a negative amount	10	504,994	
12	Figure the tax on the amount on line 11 using the 2004 tax rates (see page J-6)	. 12	304,334	
13 14 15	If you used Schedule J to figure your tax for 2005, enter the amount from your 2005 Schedule J, line 3. Otherwise, enter the taxable income from your 2005 Form 1040, line 43; Form 1040A, line 27; Form 1040EZ, line 6; or Form 1040NR, line 40. If zero or less, see page J-8	16	619,759	
16	Figure the tax on the amount on line 15 using the 2005 tax rates (see page J-8)	17	2,136,275	
17 18 19	Add lines 4, 8, 12, and 16 If you used Schedule J to figure your tax for: 2005, enter the amount from your 2005 Schedule J, line 12. 2004 but not 2005, enter the amount from your 2004 Schedule J, line 16. 2003 but not 2004 nor 2005, enter the amount from your 2003 Schedule J, line 4. Otherwise, enter the tax from your 2003 Form 1040, line 41;* Form 1040A, line 28;* Form 1040EZ, line 10; or Form 1040NR, line 39.* If you used Schedule J to figure your tax for: 2005, enter the amount from your 2005 Schedule J, line 16. 2004 but not 2005, enter the amount from your 2004		2,100,270	
20	Schedule J, line 4. Otherwise, enter the tax from your 2004 Form 1040, line 43;* Form 1040A, line 28;* Form 1040EZ, line 10; or Form 1040NR, line 40.* If you used Schedule J to figure your tax for 2005, enter the amount from your			
	2005 Schedule J, line 4. Otherwise, enter the tax from your 2005 Form 1040, line 44;* Form 1040A, line 28;* Form 1040EZ, line 10; or Form 1040NR, line 41* **Po not include toy from Form 8814 or 4072 or from recentive of an education gradit. Also do not be a sequence of the education gradit.			
21	*Do not include tax from Form 8814 or 4972 or from recapture of an education credit. Also, do not include alternative minimum tax from Form 1040A. Add lines 18 through 20	. <u>21</u>		
22	Tax. Subtract line 21 from line 17. Also include this amount on Form 1040, line 44 or Form 1040NR, line 4	11 22	861,423	
	Caution. Your tax may be less if you figure it using the 2006 Tax Table, Tax Computation Workshee Qualified Dividends and Capital Gain Tax Worksheet, Schedule D Tax Worksheet, or Foreign Earne Income Tax Worksheet. Attach Schedule J only if you are using it to figure your tax.	et,		

Schedule R (Form 1040)

Department of the Treasury Internal Revenue Service AMOUNTS OF SELECTED LINES FILED (IN THOUSANDS OF DOLLARS)

Credit for the Elderly or the Disabled

► See Instructions for Schedule R (Form 1040).

OMB No. 1545-0074

2006
Attachment
Sequence No. 16

Name(s) shown on Form 1040

Total Schedules Filed = 213,828

Your social security number

You may be able to take this credit and reduce your tax if by the end of 2006:

► Attach to Form 1040.

• You were age 65 or older or

• You were under age 65, you retired on **permanent and total** disability, and you received taxable disability income.

But you must also meet other tests. See page R-1.

	_
	•
/	
TII	9 I
	- 4

In most cases, the IRS can figure the credit for you. See page R-1

Part I Check the I	Box for Yo	our Filing Status and Age	
If your filing status is:	A	nd by the end of 2006: Check only	one box:
Single, Head of household, or	1	You were 65 or older	
Qualifying widow(er)	2	You were under 65 and you retired on permanent and total disability 2	:
	3	Both spouses were 65 or older	
	4	Both spouses were under 65, but only one spouse retired on permanent and total disability	
Married filing jointly		Both spouses were under 65, and both retired on permanent and total disability	5
		One spouse was 65 or older, and the other spouse was under 65 and retired on permanent and total disability	
	7	One spouse was 65 or older, and the other spouse was under 65 and not retired on permanent and total disability	
Married filing	8	You were 65 or older and you lived apart from your spouse for all of 2006	. 🗆
separately	9	You were under 65, you retired on permanent and total disability, and you lived apart from your spouse for all of 2006 9	
Did you check	— Yes —	Skip Part II and complete Part III on back.	
box 1, 3, 7, or 8?	— No —	Complete Parts II and III.	
Part II Statement of	of Perman	ent and Total Disability (Complete only if you checked box 2, 4, 5, 6, or	9 above.)
		ement for this disability for 1983 or an earlier year, or you filed or got 1983 and your physician signed line B on the statement, and	a
2 Due to your contir in 2006, check thi		led condition, you were unable to engage in any substantial gainful activi	ty ► □
• If you checked	this box, y	ou do not have to get another statement for 2006.	
 If you did not continued the statem 		oox, have your physician complete the statement on page R-4. You mus ur records.	st

Schedule R (Form 1040) 2006

AMOUNTS OF SELECTED LINES FILED (IN THOUSANDS OF DOLLARS)

Page 2

Part III **Figure Your Credit** 10 If you checked (in Part I): **Enter:** 10 Did you check You must complete line 11. box 2, 4, 5, 6, No — Enter the amount from line 10 or 9 in Part I? on line 12 and go to line 13. 11 If you checked (in Part I): • Box 6, add \$5,000 to the taxable disability income of the spouse who was under age 65. Enter the total. • Box 2, 4, or 9, enter your taxable disability income. 11 • Box 5, add your taxable disability income to your spouse's taxable disability income. Enter the total. For more details on what to include on line 11, see page R-3. 12 If you completed line 11, enter the smaller of line 10 or line 11; all others, enter the 12 1,142,140 13 Enter the following pensions, annuities, or disability income that you (and your spouse if filing a joint return) received in 2006. a Nontaxable part of social security benefits and 13a 300.156 Nontaxable part of railroad retirement benefits treated as social security (see page R-3). **b** Nontaxable veterans' pensions and 13b Any other pension, annuity, or disability benefit that is excluded from income under any other provision of law (see page R-3). c Add lines 13a and 13b. (Even though these income items are not taxable, they **must** be included here to figure your credit.) If you did not receive any of the types of nontaxable income 304,810 13c listed on line 13a or 13b, enter -0- on line 13c **14** Enter the amount from Form 1040. 14 line 38 15 If you checked (in Part I): Enter: Box 1 or 2 \$7,500 15 Box 3, 4, 5, 6, or 7 . . . \$10,000 Box 8 or 9 \$5,000 16 Subtract line 15 from line 14. If zero or 1,146,148 less, enter -0- 573.109 **17** Enter one-half of line 16 . . 877,919 18 **18** Add lines 13c and 17 Subtract line 18 from line 12. If zero or less, **stop**; you **cannot** take the credit. Otherwise, 19 538,643 20 Multiply line 19 by 15% (.15) 21 Enter the amount from Form 1040, line 46 22 Add the amounts from Form 1040, lines 47 and 48, and enter 23 Subtract line 22 from line 21 Credit for the elderly or the disabled. Enter the smaller of line 20 or line 23 here and 24 14,571

SCHEDULE SE (Form 1040)

Department of the Treasury Internal Revenue Service

AMOUNTS OF SELECTED LINES FILED (IN THOUSANDS OF DOLLARS)

Self-Employment Tax

Attach to Form 1040. ► See Instructions for Schedule SE (Form 1040).

OMB No. 1545-0074 Attachment Sequence No. 17

Name of person with self-employment income (as shown on Form 1040) Total Schedules Filed = 17,119,914

Social security number of person with **self-employment** income ▶

Who Must File Schedule SE

You must file Schedule SF if:

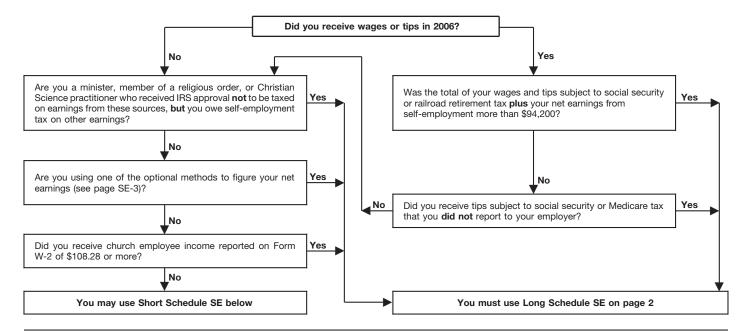
- You had net earnings from self-employment from other than church employee income (line 4 of Short Schedule SE or line 4c of Long Schedule SE) of \$400 or more, or
- You had church employee income of \$108.28 or more. Income from services you performed as a minister or a member of a religious order is not church employee income (see page SE-1).

Note. Even if you had a loss or a small amount of income from self-employment, it may be to your benefit to file Schedule SE and use either "optional method" in Part II of Long Schedule SE (see page SE-3).

Exception. If your only self-employment income was from earnings as a minister, member of a religious order, or Christian Science practitioner and you filed Form 4361 and received IRS approval not to be taxed on those earnings, do not file Schedule SE. Instead, write "Exempt-Form 4361" on Form 1040, line 58.

May I Use Short Schedule SE or Must I Use Long Schedule SE?

Note. Use this flowchart only if you must file Schedule SE. If unsure, see Who Must File Schedule SE, above.



Section A—Short Schedule SE. Caution. Read above to see if you can use Short Schedule SE.

1	Net farm profit or (loss) from Schedule F, line 36, and farm partnerships, Schedule K-1 (Form 1065), box 14, code A	1	7,807,791	
3 4	Net profit or (loss) from Schedule C, line 31; Schedule C-EZ, line 3; Schedule K-1 (Form 1065), box 14, code A (other than farming); and Schedule K-1 (Form 1065-B), box 9, code J1. Ministers and members of religious orders, see page SE-1 for amounts to report on this line. See page SE-3 for other income to report	3	483,367,604	
5	do not file this schedule; you do not owe self-employment tax	4	453,564,992	
	 \$94,200 or less, multiply line 4 by 15.3% (.153). Enter the result here and on Form 1040, line 58. More than \$94,200, multiply line 4 by 2.9% (.029). Then, add \$11,680.80 to the result. Enter the total here and on Form 1040, line 58. 	5	47,842,244	
6	Deduction for one-half of self-employment tax. Multiply line 5 by 50% (.5). Enter the result here and on Form 1040, line 27 6			

AMOUNTS OF SELECTED LINES FILED (IN THOUSANDS OF DOLLARS)

0				
Name of person with self-employmen	nt income (as shown on Form 1040)	Social security number of person with self-employment income ▶		
Schedule SE (Form 1040) 2006	ARS)	Page 2		

Section B—Long Schedule SE

Note. If your only income subject to self-employment tax is church employee income, skip lines 1 through 4b. Enter -0- on line 4c and go to line 5a. Income from services you performed as a minister or a member of a religious order is not church employee income. See page SE-1.

Α	If you are a minister, member of a religious order, or Christian Science practitioner and you filed had \$400 or more of other net earnings from self-employment, check here and continue with Pa			
1	Net farm profit or (loss) from Schedule F, line 36, and farm partnerships, Schedule K-1 (Form 1065), box 14, code A. Note. Skip this line if you use the farm optional method (see page SE-4)	1	7,807,791	
2	Net profit or (loss) from Schedule C, line 31; Schedule C-EZ, line 3; Schedule K-1 (Form 1065), box 14, code A (other than farming); and Schedule K-1 (Form 1065-B), box 9, code J1. Ministers and members of religious orders, see page SE-1 for amounts to report on this line. See page SE-3 for other income to report. Note. Skip this line if you use the nonfarm optional method (see page SE-4)	2	483,367,604	
3	Combine lines 1 and 2	3		
4a	If line 3 is more than zero, multiply line 3 by 92.35% (.9235). Otherwise, enter amount from line 3	4a	453,564,992	
b	If you elect one or both of the optional methods, enter the total of lines 15 and 17 here	4b		
С	Combine lines 4a and 4b. If less than \$400, stop ; you do not owe self-employment tax. Exception. If less than \$400 and you had church employee income , enter -0- and continue	4c	453,978,934	
5a	Enter your church employee income from Form W-2. See page SE-1 for definition of church employee income			
b	Multiply line 5a by 92.35% (.9235). If less than \$100, enter -0	5b		
6	Net earnings from self-employment. Add lines 4c and 5b	6	454,721,439	
7	Maximum amount of combined wages and self-employment earnings subject to social security tax or the 6.2% portion of the 7.65% railroad retirement (tier 1) tax for 2006	7	94,200	00
	Total social security wages and tips (total of boxes 3 and 7 on Form(s) W-2) and railroad retirement (tier 1) compensation. If \$94,200 or more, skip lines 8b through 10, and go to line 11	-		
	Add lines 8a and 8b.	8c	109,325,643	
9	Subtract line 8c from line 7. If zero or less, enter -0- here and on line 10 and go to line 11.	9		
0	Multiply the smaller of line 6 or line 9 by 12.4% (.124)	10	34,655,112	
11	Multiply line 6 by 2.9% (.029)	11	13,186,890	
12	Self-employment tax. Add lines 10 and 11. Enter here and on Form 1040, line 58	12	47,842,244	
13	Deduction for one-half of self-employment tax. Multiply line 12 by 50% (.5). Enter the result here and on Form 1040, line 27 13			

Part II Optional Methods To Figure Net Earnings (see page SE-3)

	m Optional Method. You may use this method only if (a) your gross farm income was not more			
thar	n \$2,400, or (b) your net farm profits² were less than \$1,733.			
14	Maximum income for optional methods	14	1,600	00
15	Enter the smaller of: two-thirds (%) of gross farm income¹ (not less than zero) or \$1,600. Also include this amount on line 4b above	15	34,921	
thar	nfarm Optional Method. You may use this method only if (a) your net nonfarm profits³ were less in \$1,733 and also less than 72.189% of your gross nonfarm income,⁴ and (b) you had net earnings in self-employment of at least \$400 in 2 of the prior 3 years.			
Cau	ution. You may use this method no more than five times.			
16	Subtract line 15 from line 14	16		
17	Enter the smaller of: two-thirds (%) of gross nonfarm income ⁴ (not less than zero) or the amount on line 16. Also include this amount on line 4b above	17	14,317	

¹From Sch. F, line 11, and Sch. K-1 (Form 1065), box 14, code B.

²From Sch. F, line 36, and Sch. K-1 (Form 1065), box 14, code A.

³ From Sch. C, line 31; Sch. C-EZ, line 3; Sch. K-1 (Form 1065), box 14, code A; and Sch. K-1 (Form 1065-B), box 9, code J1.

⁴From Sch. C, line 7; Sch. C-EZ, line 1; Sch. K-1 (Form 1065), box 14, code C; and Sch. K-1 (Form 1065-B), box 9, code J2.

2006 ESTIMATED DATA LINE COUNTS - (ALL FIGURES ARE ESTIMATES BASED ON SAMPLES)

AMOUNTS OF SELECTED LINES FILED (IN THOUSANDS OF DOLLARS)

Employee Business Expenses

► See separate instructions.

► Attach to Form 1040 or Form 1040NR.

OMB No. 1545-0074

2006

Attachment
Sequence No. 54

Department of the Treasury Internal Revenue Service (99)

Occupation in wh

Occupation in which you incurred expenses Social security number

Total Forms Filed = 8,664,367 Includes 4,210,735 Form 2106-EZ's Part I **Employee Business Expenses and Reimbursements** Column B Column A Step 1 Enter Your Expenses Other Than Meals Meals and and Entertainment Entertainment Vehicle expense from line 22 or line 29. (Rural mail carriers: See 30,170,272 1 2 Parking fees, tolls, and transportation, including train, bus, etc., that 2 1,691,929 did not involve overnight travel or commuting to and from work . . . Travel expense while away from home overnight, including lodging, 4,852,332 3 airplane, car rental, etc. Do not include meals and entertainment Business expenses not included on lines 1 through 3. Do not 16,660,854 include meals and entertainment. 9,484,932 5 Meals and entertainment expenses (see instructions) Total expenses. In Column A, add lines 1 through 4 and enter the 6 53,375,387 result. In Column B, enter the amount from line 5 Note: If you were not reimbursed for any expenses in Step 1, skip line 7 and enter the amount from line 6 on line 8. Step 2 Enter Reimbursements Received From Your Employer for Expenses Listed in Step 1 Enter reimbursements received from your employer that were **not** reported to you in box 1 of Form W-2. Include any reimbursements reported under code "L" in box 12 of your Form W-2 (see 2,261,577 566,069 instructions) Step 3 Figure Expenses To Deduct on Schedule A (Form 1040) Subtract line 7 from line 6. If zero or less, enter -0-. However, if line 7 is greater than line 6 in Column A, report the excess as 51.173.778 8,951,403 8 income on Form 1040, line 7 (or on Form 1040NR, line 8) . . . Note: If both columns of line 8 are zero, you cannot deduct employee business expenses. Stop here and attach Form 2106 to your return. In Column A, enter the amount from line 8. In Column B, multiply line 8 by 50% (.50). (Employees subject to Department of Transportation (DOT) hours of service limits: Multiply meal expenses incurred while away from home on business by 75% (.75) 5,129,804 instead of 50%. For details, see instructions.) Add the amounts on line 9 of both columns and enter the total here. Also, enter the total on

Schedule A (Form 1040), line 20 (or on Schedule A (Form 1040NR), line 9). (Reservists, qualified performing artists, fee-basis state or local government officials, and individuals with disabilities: See the instructions for special rules on where to enter the total.)

56,303,582

10

COMBINED

Page 2 Form 2106 (2006)

Pai	t II Vehicle Expenses								
Sec are	tion A—General Information (claiming vehicle expenses.)	You	must complete this	section if you		(a) Vehicle	1	(b) Vehicle	2
11	Enter the date the vehicle was pl	aced	in service		11	/ /		/ /	
 12	Total miles the vehicle was driver				12		miles		miles
13	Business miles included on line 1		•		13		miles		miles
14	Percent of business use. Divide li				14		%		%
15	Average daily roundtrip commuting		•		15		miles		miles
16	Commuting miles included on line	_			16		miles		miles
17	Other miles. Add lines 13 and 16						miles		miles
1 <i>1</i> 18	Do you (or your spouse) have and							☐ Yes [No
19	Was your vehicle available for pe							. —	□ No
20	Do you have evidence to support							· Yes [
 21	If "Yes," is the evidence written?	-						· Yes [
	tion B—Standard Mileage Rate (
22	Multiply line 13 by 44.5¢ (.445)						22	25,644,439	
	tion C—Actual Expenses			hicle 1				hicle 2	
<u>23</u>	Gasoline, oil, repairs, vehicle		(α) νο	1			D, VO	111010 2	
23	insurance, etc.	23							
2/12	Vehicle rentals	24a							
	Inclusion amount (see instructions) .	24b							
	Subtract line 24b from line 24a	24c							T
_									
25	Value of employer-provided								
	vehicle (applies only if 100% of								
	annual lease value was included	25							
00	on Form W-2—see instructions)	26							
26	Add lines 23, 24c, and 25	20							
27	Multiply line 26 by the	27							
	percentage on line 14	28							
28	Depreciation (see instructions) .	20							
29	Add lines 27 and 28. Enter total here and on line 1	29		2,649,053					
Soc	tion D—Depreciation of Vehicles		is section only if you		lo and	are completing	Soction	on C for the yel	niclo)
360	tion b—bepreciation of venicles	USE II		hicle 1	ie aliu			hicle 2	iicie.)
			(a) ve				D) VC	THOIC Z	
30	Enter cost or other basis (see	30							
	instructions)	30							T
31	Enter section 179 deduction	31							
	(see instructions)	31							
32	Multiply line 30 by line 14 (see								
	instructions if you claimed the								
	section 179 deduction or	32							
	special allowance)	32							
33	Enter depreciation method and	22							
	percentage (see instructions) .	33							T
34	Multiply line 32 by the percentage	24							
	on line 33 (see instructions)	34							
35	Add lines 31 and 34	35							
36	Enter the applicable limit explained	26							
	in the line 36 instructions	36							
37	Multiply line 36 by the	27							
	percentage on line 14	37							
38	Enter the smaller of line 35								
	or line 37. If you skipped lines								
	36 and 37, enter the amount								
	from line 35. Also enter this amount on line 28 above	38							
	annount on the 70 doors	UC			1				1

2006 ESTIMATED DATA LINE COUNTS - (ALL FIGURES ARE ESTIMATES BASED ON SAMPLES)

Form **2106-EZ**

AMOUNTS OF SELECTED LINES FILED (IN THOUSANDS OF DOLLARS)

Unreimbursed Employee Business Expenses

Department of the Treasury
Internal Revenue Service (99)

Attach to Form 1040 or Form 1040NR.

2006
Attachment
Sequence No. 54A

OMB No. 1545-0074

Your name

Occupation in which you incurred expenses

Total Forms Filed = 4,210,735

Occupation in which you incurred expenses

Social security number

You May Use This Form Only if All of the Following Apply.

- You are an employee deducting ordinary and necessary expenses attributable to your job. An ordinary expense is one that is common and accepted in your field of trade, business, or profession. A necessary expense is one that is helpful and appropriate for your business. An expense does not have to be required to be considered necessary.
- You do not get reimbursed by your employer for any expenses (amounts your employer included in box 1 of your Form W-2 are not considered reimbursements for this purpose).
- If you are claiming vehicle expense, you are using the standard mileage rate for 2006.

Caution: You can use the standard mileage rate for 2006 only if: (a) you owned the vehicle and used the standard mileage rate for the first year you placed the vehicle in service, or (b) you leased the vehicle and used the standard mileage rate for the portion of the lease period after 1997.

Pai	t I Figure Your Expenses	
1	Vehicle expense using the standard mileage rate. Complete Part II and multiply line 8a by 44.5¢ (.445)	1
2	Parking fees, tolls, and transportation, including train, bus, etc., that did not involve overnight travel or commuting to and from work	2
3	Travel expense while away from home overnight, including lodging, airplane, car rental, etc. Do not include meals and entertainment	3
4	Business expenses not included on lines 1 through 3. Do not include meals and entertainment	4
5	Meals and entertainment expenses: $\ \ \ \ \ \ \ \ \ \ \ \ \ $	5
6	Total expenses. Add lines 1 through 5. Enter here and on Schedule A (Form 1040), line 20 (or on Schedule A (Form 1040NR, line 9). (Armed Forces reservists, fee-basis state or local government officials, qualified performing artists, and individuals with disabilities: See the instructions for special rules on where to enter this amount.)	6
Par	t II Information on Your Vehicle. Complete this part only if you are claiming vehicle.	cle expense on line 1.
7	When did you place your vehicle in service for business use? (month, day, year) ▶	/
8	Of the total number of miles you drove your vehicle during 2006, enter the number of miles you	ou used your vehicle for:
	a Business b Commuting (see instructions) c C	Other
9	Do you (or your spouse) have another vehicle available for personal use?	🗆 Yes 🗆 No
10	Was your vehicle available for personal use during off-duty hours?	🗆 Yes 🗆 No
11a	Do you have evidence to support your deduction?	🗆 Yes 🗆 No
b	If "Yes," is the evidence written?	Yes . No

2006 ESTIMATED DATA LINE COUNTS - (ALL FIGURES ARE ESTIMATES BASED ON SAMPLES)

AMOUNTS OF SELECTED LINES FILED (IN THOUSANDS OF DOLLARS) CORRECTED

	TILOTED	(55)			
Name, address, and ZIP code of RIC or REIT	OMB No. 1545-0145	Notio	ce to Shareholder of Long-Term Capita		
	2006		or calendar year 2006, or othe regulated investment compar real estate investment tru	ny (RIĆ) or the	
			beginning, 2	2006, and	
Total Forms Filed = 55,401	Form 2439	ending, 20			
Identification number of RIC or REIT	1a Total undistributed I	ong-term	capital gains	Copy A	
	61,164			' '	
Shareholder's identifying number	1b Unrecaptured section	on 1250 ເ	gain	Attach to	
	946			Form 1120-RIC or Form 1120-REIT	
Shareholder's name, address, and ZIP code	1c Section 1202 gain		1d Collectibles (28%) gain		
	0		*	For Instructions	
	2 Tax paid by the RIC or REIT on the box 1a gains		on the box 1a gains	and Paperwork Reduction Act Notice, see back of Copies A and D.	

Form **2439** Cat. No. 11858E Department of the Treasury - Internal Revenue Service

^{*} Entry for this line is greater than zero, but too small to report

Form

2006 ESTIMATED DATA LINE COUNTS - (ALL FIGURES ARE ESTIMATES BASED ON SAMPLES)

AMOUNTS OF SELECTED LINES FILED (IN THOUSANDS OF DOLLARS)

Child and Dependent Care Expenses

Department of the Treasury Internal Revenue Service (99)

▶ Attach to Form 1040 or Form 1040NR.

Attachment

OMB No. 1545-0074

► See separate instructions.

Sequence No. 21

Name(s) shown on return Your social security number Total Forms Filed = 7,269,042

Before you begin: You need to understand the following terms. See Definitions on page 1 of the instructions.

D D	ependent Care Bene	efits • Qualifying Person(s)		 Qualified Expenses
Par		ganizations Who Provided the Care—You must copre space, use the bottom of page 2.)	omplete this part.	
1	(a) Care provider's name	(b) Address (number, street, apt. no., city, state, and ZIP code)	(c) Identifying number (SSN or EIN)	(d) Amount paid (see instructions)
				28,993,377
		lid you receive No → Cor	mplete only Part II b	elow.

dependent care benefits? Complete Part III on the back next. Yes -

Caution. If the care was provided in your home, you may owe employment taxes. See the instructions for Form 1040, line 62, or Form 1040NR, line 57

2	Information about your		If you have more than	two qualifyin	g persons	s, see		
	(a) Q First	ualifying person's name	Last	(b) Qualifying security	person's so number	cial	(c) Qualified expensincurred and paid in 20 person listed in column	006 for the
							20,170,536	
					1		6,590,836	
3	Add the amounts in coluperson or \$6,000 for two							
	•			iter the arrior	unt nom	3	18,035,415	
1	Enter your earned inco					4	368,803,384	
5	If married filing jointly, e or was disabled, see the	enter your spouse's e	arned income (if your sp	oouse was a		5	174,672,796	
3	Enter the smallest of lir	•				6	17,727,982	
,								
7	Enter the amount from 1040NR, line 36		and the second s		I			
				amount on li	 ine 7			
8	1040NR, line 36			amount on l	 ine 7			
	1040NR, line 36 Enter on line 8 the decir		elow that applies to the		nal			
	1040NR, line 36 Enter on line 8 the decir If line 7 is: But not	mal amount shown be	elow that applies to the If line 7 is: But no	t Decim	nal nt is			
	1040NR, line 36 Enter on line 8 the decir If line 7 is: But not over	Decimal amount is	elow that applies to the If line 7 is: But no Over over	t Decim	nal nt is			
	1040NR, line 36 Enter on line 8 the decir If line 7 is: Pover But not over \$0—15,000 15,000—17,000 17,000—19,000	Decimal amount is .35 .34 .33	elow that applies to the If line 7 is: Over	t Decim amoul .27 .26	nal nt is	8		×.
	1040NR, line 36 Enter on line 8 the decir If line 7 is: Over But not over \$0—15,000 15,000—17,000 17,000—19,000 19,000—21,000	Decimal amount is .35 .34 .33 .32	elow that applies to the If line 7 is: Substitute	t Decim amoui .27 .26 .25	nal nt is 7 8	8		×.
	1040NR, line 36 Enter on line 8 the decir If line 7 is: Over But not over \$0—15,000 15,000—17,000 17,000—19,000 19,000—21,000 21,000—23,000	Decimal amount is .35 .34 .33 .32 .31	elow that applies to the If line 7 is: Substitute	t Decim amoul .27 .26 .25 .24 .23	nal nt is 7 8 8 8	8		×.
	1040NR, line 36 Enter on line 8 the decir If line 7 is: Over But not over \$0—15,000 15,000—17,000 17,000—19,000 19,000—21,000 21,000—23,000 23,000—25,000	Decimal amount is .35 .34 .33 .32 .31 .30	elow that applies to the If line 7 is: Substitute	t Decimanoui .27 .26 .25 .24 .23	nal nt is	8		×.
	1040NR, line 36 Enter on line 8 the decir If line 7 is: Over 80—15,000 15,000—17,000 17,000—19,000 19,000—21,000 21,000—23,000 23,000—25,000 25,000—27,000	Decimal amount is .35 .34 .33 .32 .31 .30 .29	elow that applies to the If line 7 is: Sut no	.27 .26 .25 .24 .23 .22	nal nt is	8		×
	1040NR, line 36 Enter on line 8 the decir If line 7 is: Over But not over \$0—15,000 15,000—17,000 17,000—19,000 19,000—21,000 21,000—23,000 23,000—25,000	Decimal amount is .35 .34 .33 .32 .31 .30	elow that applies to the If line 7 is: Substitute	.27 .26 .25 .24 .23 .22	nal nt is	8		×
3	1040NR, line 36 Enter on line 8 the decir If line 7 is: Over 80—15,000 15,000—17,000 17,000—19,000 19,000—21,000 21,000—23,000 23,000—25,000 25,000—27,000	Decimal amount shown be 35 .34 .33 .32 .31 .30 .29 .28	elow that applies to the If line 7 is: Sut no	.27 .26 .25 .24 .23 .22 .21	nal nt is 7 8 8 8 8 8 2	8	4,032,315	×
	1040NR, line 36 Enter on line 8 the decir If line 7 is: Sut not over	Decimal amount shown be 35 .34 .33 .32 .31 .30 .29 .28 ecimal amount on line	elow that applies to the If line 7 is: Selow that applies to the If line 7 is: Selow that applies the If line 1 is: Selow that a	. 27 . 26 . 25 . 22 . 23 . 22 . 21 	nal nt is 7 3 4 3 2 1 0		4,032,315	×.

Form 2441 (2006) Page **2**

Pa	rt III Dependent Care Benefits					
12	Enter the total amount of dependent care benefits you received as an employee should be shown in box 10 of y amounts reported as wages in box 1 of Form(s) W-2. If you include amounts you received under a dependent care as	our F were	form(s) W-2. Do not include self-employed or a partn	de er, ole	2 504 240	
	proprietorship or partnership			. 12	3,504,249	+
13	Enter the amount, if any, you carried over from 2005 are period. See instructions	. 13				
14	Enter the amount, if any, you forfeited or carried forward	. 14)		
15	Combine lines 12 through 14. See instructions	. 15	j			
16	Enter the total amount of qualified expenses incurred in 2006 for the care of the qualifying person(s)	16	7,103,177			
17	Enter the smaller of line 15 or 16	17				
18	Enter your earned income. See instructions	18	368,803,384			
19	Enter the amount shown below that applies to you. • If married filing jointly, enter your spouse's earned income (if your spouse was a student or was disabled, see the instructions for line 5)					
	instructions for line 5).	19	174,672,796			
	If married filing separately, see the instructions for the amount to enter.					
	All others, enter the amount from line 18.					
	All others, enter the amount nomine to.					
20	Enter the smallest of line 17, 18, or 19	20				
21	Enter the amount from line 12 that you received from your	sole p	roprietorship or partnersh		48.410	
	If you did not receive any such amounts, enter -0-	00		. 21	40,410	+
22	Subtract line 21 from line 15	22		_		
23	Enter \$5,000 (\$2,500 if married filing separately and y		-			
	spouse's earned income on line 19)			. 23)	+-
24	Deductible benefits. Enter the smallest of line 20, 21,		B. Also, include this amou	ınt 2 4	13,676	
	on the appropriate line(s) of your return. See instructions	25		. 24	10,010	+
25	Enter the smaller of line 20 or 23	26				
26	Enter the amount from line 24		O	27	2,558,744	
27 28	Taxable benefits. Subtract line 27 from line 23. If zero or amount on Form 1040, line 7, or Form 1040NR, line 8. 1040, line 7, or Form 1040NR, line 8, enter "DCB".	r less, On th	enter -0 Also, include the dotted line next to Fo	nis rm	004.004	
	To claim the chil credit, complete		d dependent care 29-33 below.	•		
29	Enter \$3,000 (\$6,000 if two or more qualifying persons)			29)	
30	Add lines 24 and 27			30		
31	Subtract line 30 from line 29. If zero or less, stop.	 You	cannot take the credi	. –		
J 1	Exception. If you paid 2005 expenses in 2006, see the			31		
32	Complete line 2 on the front of this form. Do not include			. —		
JZ	on line 30 above. Then, add the amounts in column (c) a		. , -		2	
33	Enter the smaller of line 31 or 32. Also, enter this amo					
	form and complete lines 4-11				18,035,415	

2006 ESTIMATED DATA LINE COUNTS - (ALL FIGURES ARE ESTIMATES BASED ON SAMPLES)

AMOUNTS OF SELECTED LINES FILED (IN THOUSANDS OF DOLLARS)

Investment Credit

Form **UTIU** (Rev. December 2006) Department of the Treasury Internal Revenue Service (99)

► Attach to your tax return. See instructions.

OMB No. 1545-0155

Attachment Sequence No. **52**

Name(s) shown on return Identifying number Total Forms Filed = 35.590 Rehabilitation credit (see instructions for requirements that must be met): a Check this box if you are electing under section 47(d)(5) to take your qualified rehabilitation expenditures into account for the tax year in which paid (or, for self-rehabilitated property, when capitalized). See instructions. Note: This election applies to the current tax year and to all later tax years. You may not revoke this election without IRS consent **b** Enter the date on which the 24- or 60-month measuring period begins ____/___ and ends ____/___/ c Enter the adjusted basis of the building as of the beginning date above **d** Enter the amount of the qualified rehabilitation expenditures incurred, or treated as incurred, during the period on line 1b above \$______ Enter the amount of qualified rehabilitation expenditures and multiply by the percentage shown: e Pre-1936 buildings located in the Gulf Opportunity Zone . \$_____* × 13% (.13) 1e 43.911 1f g Certified historic structures located in the Gulf Opportunity Zone . \$_____* × 26% (.26) 1g 1h 103,359 For properties identified on lines 1g or 1h, complete lines 1i and 1j i Enter the assigned NPS project number or the pass-through entity's j Enter the date that the NPS approved the Request for Certification of 1k k Rehabilitation credit from an electing large partnership (Schedule K-1 (Form 1065-B), box 9) 2 Energy credit: a Basis of property using geothermal energy placed in service during 2a 1,385 the tax year (see instructions) \$ × 10% (.10) **b** Basis of property using solar illumination or solar energy placed in service 16.843 2b Qualified fuel cell property (see instructions): c Basis of property installed during the tax year \$ _____ × 30% (.30) **d** Kilowatt capacity of property in **c** 2d above . . . ▶×\$1,000 e Enter the lesser of line 2c or 2d Qualified microturbine property (see instructions): f Basis of property installed during the tax year \$ × 10% (.10) g Kilowatt capacity of property in f 2g above . . . ▶×\$200 19.085 2i i Total. Add lines 2a, 2b, 2e, and 2h **3** Qualifying advanced coal project credit (see instructions): a Basis of qualified investment in integrated gasification combined cycle property 3a **b** Basis of qualified investment in property other than in **a** above placed in service during the tax year ▶ \$_____ × 15% (.15) 35,747 3c Qualifying gasification project credit (see instructions). Basis of qualified investment in property 4 430 5 Credit from cooperatives. Enter the unused investment credit from cooperatives . . . Add lines 1e through 1h, 1k, 2i, 3c, 4, and 5. Report this amount on the applicable line of Nondeductible investment credit = 174 Form 3800 (e.g., line 1a of the 2006 Form 3800) . 220,535

AMOUNTS OF SELECTED LINES FILED (IN THOUSANDS OF DOLLARS)

3800

General Business Credit

► See separate instructions.

OMB No. 1545-0895 Attachment Sequence No. **22**

Department of the Treasury Internal Revenue Service (99) Name(s) shown on return

► Attach to your tax return.

Total Forms Filed = 587,378

Identifying number

Part I **Current Year Credit**

Important: You may not be required to complete and file a separate credit form (shown in parentheses below) to claim the credit. For details, see What's New in the instructions.

1a	Investment credit (attach Form 3468)	1a	220,535
b	Work opportunity credit (Form 5884)	1b	320,727
С	Welfare-to-work credit (Form 8861)	1c	18,336
d	Credit for increasing research activities (Form 6765)	1d	387,959
е	Low-income housing credit (Form 8586) (enter EIN if claiming this credit from a pass-through		
	entity:	1e	178,987
f	Enhanced oil recovery credit only from partnerships and S corporations (see instructions) .	1f	1,251
q	Disabled access credit (Form 8826) (do not enter more than \$5,000)	1g	25,904
h	Renewable electricity production credit (Form 8835, Section A only)	1h	18,759
i	Indian employment credit (Form 8845)	1i	20,993
i	Credit for employer social security and Medicare taxes paid on certain employee tips (Form 8846)	1j	301,482
k	Orphan drug credit (Form 8820)	1k	1,772
ï	New markets credit (Form 8874) (enter EIN if claiming this credit from a pass-through entity:		
		11	2,939
m	Credit for small employer pension plan startup costs (Form 8881) (do not enter more than \$500)	1m	1,551
	Credit for employer-provided child care facilities and services (Form 8882) (enter EIN if claiming		
	this credit from a pass-through entity:)	1n	4,217
0	Qualified railroad track maintenance credit (Form 8900)	10	27,329
g	Biodiesel and renewable diesel fuels credit (attach Form 8864)	1p	2,254
q	Low sulfur diesel fuel production credit (Form 8896)	1q	27,975
r	Distilled spirits credit (Form 8906)	1r	9,248
s	Nonconventional source fuel credit (Form 8907)	1s	109,799
t	Energy efficient home credit (Form 8908)	1t	21,214
u		1u	*
v	Alternative motor vehicle credit (Form 8910)	1v	**
w	Alternative fuel vehicle refueling property credit (Form 8911)	1w	889
x	Credit for contributions to selected community development corporations (Form 8847)	1x	220
v	Mine rescue team training credit (Form 8923)	1y	*
Z	General credits from an electing large partnership (Schedule K-1 (Form 1065-B))	1z	4,358
aa	Credits for employers affected by Hurricane Katrina, Rita, or Wilma (Form 5884-A)	1aa	46,494
uu	orodito for oriprovoro anotica by Harroano Natima, Hita, or William (1 orin 555 17)		·
2	Add lines 1a through 1aa	2	2,036,627
_			
3	Passive activity credits included on line 2 (see instructions)	3	343,094
Ū	Tabble delivity distributed of into 2 (666 instructions)		
4	Subtract line 3 from line 2	4	1,693,533
•			
5	Passive activity credits allowed for 2006 (see instructions)	5	311,666
•	. addition additing distance and too 2000 individuality,		
6	Carryforward of general business credit to 2006. See instructions for the schedule to attach	6	3,218,751
9	carry servate of gorioral business creat to 2000. Occ methodoloris for the seriodale to attach		
7	Carryback of general business credit from 2007 (see instructions)	7	
•	carryback of goneral backness credit from 2007 (300 motivations)		
8	Current year credit. Add lines 4 through 7	8	5,223,949
For E	Panerwork Reduction Act Notice see senarate instructions Cat No. 12392F		Form 3800 (2006

For Paperwork Reduction Act Notice, see separate instructions.

Cat. No. 12392F

Form **3800** (2006)

^{*} Entry for this line is greater than zero, but too small to report

^{**} Data Not Available

Part II

AMOUNTS OF SELECTED LINES FILED (IN THOUSANDS OF DOLLARS)

Form 3800 (2006) **Allowable Credit** Page 2

9	Regular tax before credits: • Individuals. Enter the amount from Form 1040, line 44 or Form 1040NR, line 41.			
	• Corporations. Enter the amount from Form 1120, Schedule J, line 2; Form 1120-A, Part I, line 1; or the applicable line of your return	9		—
	• Estates and trusts. Enter the sum of the amounts from Form 1041, Schedule G, lines 1a and 1b, or the amount from the applicable line of your return			
10	Alternative minimum tax: • Individuals. Enter the amount from Form 6251, line 35	10	2,476,203	
11	Add lines 9 and 10	11		
12a	Foreign tax credit	_		
b	Credits from Form 1040, lines 48 through 54 (or Form 1040NR, lines 45 through 49) 12b			
	Qualified electric vehicle credit (Form 8834, line 20)			
е	line 18)			
f	Add lines 12a through 12e	12f		
13	Net income tax. Subtract line 12f from line 11. If zero, skip lines 14 through 17 and enter -0- or line 18	13	78,139,628	
14 15	Net regular tax. Subtract line 12f from line 9. If zero or less, enter -0- Enter 25% (.25) of the excess, if any, of line 14 over \$25,000 (see instructions)			
16	Tentative minimum tax: Individuals. Enter the amount from Form 6251, line 33 Corporations. Enter the amount from Form 4626, line 12 Tentative minimum tax: 10			
	• Estates and trusts. Enter the amount from Form 1041, Schedule I, line 54	4=		
17	Enter the greater of line 15 or line 16	17		—
18	Subtract line 17 from line 13. If zero or less, enter -0	18		—
19	Credit allowed for the current year. Enter the smaller of line 8 or line 18. Individuals, estates, and trusts: See the instructions for line 19 if claiming the research credit. C corporations: See the line 19 instructions if there has been an ownership change, acquisition, or reorganization.			
	Report the amount from line 19 (if smaller than line 8, see instructions) as indicated below or on the applicable line of your return:			
	 Individuals. Form 1040, line 55 or Form 1040NR, line 50 Corporations. Form 1120, Schedule J, line 5c; or Form 1120-A, Part I, line 2 Estates and trusts. Form 1041, Schedule G, line 2c 	19	1,302,464	
			Form 3800 (20	_

Moving Expenses

▶ Attach to Form 1040 or Form 1040NR.

OMB No. 1545-0074

Department of the Treasury Internal Revenue Service Name(s) shown on return

		Sequence No. 62
	You	social security number
Total Forms Filed = 1,100,438		

/ See the Distance Test and Time Test in the instructions to find out if you can deduct your moving Before you begin: expenses. See **Members of the Armed Forces** on the back, if applicable. 2,544,227 1 Transportation and storage of household goods and personal effects (see instructions) . . . Travel (including lodging) from your old home to your new home (see instructions). **Do not** include 836,253 2 the cost of meals 3.380.480 3 Add lines 1 and 2 Enter the total amount your employer paid you for the expenses listed on lines 1 and 2 that is not included in box 1 of your Form W-2 (wages). This amount should be shown in 337,067 box 12 of your Form W-2 with code P 4 Is line 3 more than line 4? ✓ No. You cannot deduct your moving expenses. If line 3 is less than line 4, subtract line 3 from line 4 and include the result on Form 1040, line 7, or Form 1040NR, line 8. Yes. Subtract line 4 from line 3. Enter the result here and on Form 1040, line 26, or Form 1040NR, line 26. This is your moving expense deduction 3.065.970 5

General Instructions What's New

For 2006, the standard mileage rate for using your vehicle to move to a new home is 18 cents a mile.

Purpose of Form

Use Form 3903 to figure your moving expense deduction for a move related to the start of work at a new principal place of work (workplace). If the new workplace is outside the United States or its possessions, you must be a U.S. citizen or resident alien to deduct your expenses.

If you qualify to deduct expenses for more than one move, use a separate Form 3903 for each move.

For more details, see Pub. 521, Moving Expenses.

Moving Expenses You Can **Deduct**

You can deduct the reasonable expenses of moving your household goods and personal effects and of traveling from your old home to your new home. Reasonable expenses can include the cost of lodging (but not meals) while traveling to your new home. You cannot deduct the cost of sightseeing trips.

Who Can Deduct Moving **Expenses**

If you move to a new home because of a new principal workplace, you may be able to deduct your moving expenses whether you are self-employed or an employee. But you must meet both the distance test and time test that follow.



Members of the Armed Forces may not have to meet the distance test and time test. See instructions on the back.

Distance Test

Your new principal workplace must be at least 50 miles farther from your old home than your old workplace was. For example, if your old workplace was 3 miles from your old home, your new workplace must be at least 53 miles from that home. If you did not have an old workplace, your new workplace must be at least 50 miles from your old home. The distance between the two points is the shortest of the more commonly traveled routes between them.



To see if you meet the distance test, you can use the worksheet below.

Distance Test Worksheet

Keep a Copy for Your Records



1.	Number of miles from your old home to your new workplace	miles
2.	Number of miles from your old home to your old workplace	miles
3.	Subtract line 2 from line 1. If zero or less, enter -0	miles
	Is line 3 at least 50 miles? Yes. You meet this test. No. You do not meet this test. You cannot deduct your moving expenses. Do not complete Form 3903.	

AMOUNTS OF SELECTED LINES FILED (IN THOUSANDS OF DOLLARS)

Credit for Federal Tax Paid on Fuels

► See the separate instructions.

Data on this form reflects only form 1040 filers, not business or fiduciary filers

► Attach this form to your income tax return.

OMB No. 1545-0162

2006
Attachment
Sequence No. 23

Department of the Treasury Internal Revenue Service

Name (as shown on your income tax return)

Taxpayer identification number
Total Forms Filed = 318,754

Caution. Claimant has the name and address of the person who sold the fuel to the claimant and the dates of purchase. For claims on lines 1c and 2b (type of use 13 and 14), 3d, 4c, 5, and 9, claimant has not waived the right to make the claim. For claims on lines 1c and 2b (type of use 13 and 14), claimant certifies that a certificate has not been provided to the credit card issuer.

1 Nontaxable Use of Gasoline

		(a) Type of use	(b) Rate	(c) Gallons	(d) Amount of cred	dit (e) CRN
а	Off-highway business use		\$.183)	\$	
b	Use on a farm for farming purposes		.183	}		362
С	Other nontaxable use (see Caution above line 1)		.183	J	52,452	
d	Exported		.184		1,251	411

2 Nontaxable Use of Aviation Gasoline

		(a) Type of use	(b) Rate	(c) Gallons	(d) Amount of c	redit	(e) CRN
а	Use in commercial aviation (other than foreign trade)		\$.15		\$ 224		354
b	Other nontaxable use (see Caution above line 1)		.193		101		324
С	Exported		.194		*		412

3 Nontaxable Use of Undyed Diesel Fuel

Claimant certifies that the diesel fuel did not contain visible evidence of dye. Exception. If any of the diesel fuel included in this claim did contain visible evidence of dye, attach an explanation and check here (d) Amount of credit (e) CRN (a) Type of use (b) Rate (c) Gallons 23,581 Nontaxable use \$ \$.243 360 Use on a farm for farming purposes .243 Use in trains .22 353 Use in certain intercity and local buses (see Caution 350 above line 1) .17 1,543 Exported .244 413

4 Nontaxable Use of Undyed Kerosene (Other Than Kerosene Used in Aviation)

	Claimant certifies that the kerosene did not contain visible exception. If any of the kerosene included in this claim did			/e, attach an ex	planation and chec	k her	e ▶ □
		(a) Type of use	(b) Rate	(c) Gallons	(d) Amount of c	redit	(e) CRN
а	Nontaxable use		\$.243	J	\$ 5,032		346
b	Use on a farm for farming purposes		.243				340
С	Use in certain intercity and local buses (see Caution above line 1)		.17		*		347
d	Exported		.244		*		414

5 Kerosene Used in Commercial Aviation (Other Than Foreign Trade)

		(b) Rate	(c) Gallons	(d) Amount of credit		(e) CRN	
а	Kerosene taxed at \$.244 (see Caution above line 1)	\$.200		\$	124		417
b	Kerosene taxed at \$.219 (see Caution above line 1)	.175			150		355

For Paperwork Reduction Act Notice, see the separate instructions.

Cat. No. 12625R

Form **4136** (2006)

^{*} Entry for this line is greater than zero, but too small to report

Page 2

6 Sales by Registered Ultimate Vendors of Undyed Diesel Fuel

Registration No. ▶

Claimant certifies that it sold the diesel fuel at a tax-excluded price, repaid the amount of tax to the buyer, or has obtained the written consent of the buyer to make the claim. Claimant certifies that the diesel fuel did not contain visible evidence of dye.

Exception. If any of the diesel fuel included in this claim did contain visible evidence of dye, attach an explanation and check here . . . ▶

		(b) Rate	(c) Gallons	(d) Amount of credit		(e) CRN
а	Use by a state or local government	\$.243		\$ *		360
b	Use in certain intercity and local buses	.17		0		350

7 Sales by Registered Ultimate Vendors of Undyed Kerosene (Other Than Kerosene For Use in Aviation)

Registration No. ▶

Claimant certifies that it sold the kerosene at a tax-excluded price, repaid the amount of tax to the buyer, or has obtained the written consent of the buyer to make the claim. Claimant certifies that the kerosene did not contain visible evidence of dye.

Exception. If any of the kerosene included in this claim **did** contain visible evidence of dye, attach an explanation and check here . . .

		(b) Rate	(c) Gallons	(d) Amount of cre	dit (e) CRN
а	Use by a state or local government	\$.243)	\$	0.40
b	Sales from a blocked pump	.243	<u></u>	*	346
С	Use in certain intercity and local buses	.17		0	347

8 Sales by Registered Ultimate Vendors of Kerosene For Use in Aviation

Registration No. ▶

Claimant sold the kerosene for use in aviation at a tax-excluded price and has not collected the amount of tax from the buyer, repaid the amount of tax to the buyer, or has obtained the written consent of the buyer to make the claim. See the instructions for additional information to be submitted.

		(a) Type of use	(b) Rate	(c) Gallons	(d) Amount of credit		(e) CRN
а	Use in commercial aviation (other than foreign trade) taxed at \$.219		\$.175		\$		355
b	Use in commercial aviation (other than foreign trade) taxed at \$.244		.200		*		417
С	Nonexempt use in noncommercial aviation		.025		*		418
d	Other nontaxable uses taxed at \$.244		.243		*		346
е	Other nontaxable uses taxed at \$.219		.218		0		369

9 Nontaxable Use of Kerosene Used in Noncommercial Aviation

		(a) Type of use	(b) Rate	(c) Gallons	(d) Amount of c	redit	(e) CRN
а	Nontaxable use (other than state) taxed at \$.244 (see Caution above line 1)		\$.243		\$ 0		346
b	Nontaxable use (other than state) taxed at \$.219 (see Caution above line 1)		.218		0		369

10 Reserved for future use

Page 3

Nontaxable Use of Liquefied Petroleum Gas (LPG) (before October 1, 2006)

		(a) Type of use	(b) Rate	(c) Gallons	(d) Amount of credit		(e) CRN
а	Use in certain intercity and local buses		\$.062		\$ 0		352
b	Use in qualified local buses or school buses		.136		0		361
С	Other nontaxable use		.136		*		395

Alcohol Fuel Mixture Credit

Registration No. ▶

Claimant produced an alcohol fuel mixture by mixing taxable fuel with alcohol. The alcohol fuel mixture was sold by the claimant to any person for use as a fuel or was used as a fuel by the claimant.

	(b) Rate	(c) Gallons of alcohol	(d) Amount of c	redit	(e) CRN
a Alcohol fuel mixtures containing ethanol	\$.51		\$ 0		393
Alcohol fuel mixtures containing alcohol (other than ethanol)	.60		*		394

Biodiesel or Renewable Diesel Mixture Credit

Registration No. ▶

Claimant produced a mixture by mixing diesel fuel with biodiesel or renewable diesel. The biodiesel used to produce the biodiesel mixture must meet ASTM D6751 and be registered with the EPA as a fuel and fuel additive under section 211 of the Clean Air Act. The mixture was sold by the claimant to any person for use as fuel or was used as a fuel by the claimant. Claimant has a certificate from the producer or importer of the biodiesel which identifies the percentage of biodiesel and agri-biodiesel in the product, and has no reason to believe the information is false. See the instructions for line 13 to see if you must attach the certificate.

		(b) Rate	(c) Gallons of biodiesel or renewable diesel	(d) Amount of cre	dit (e) CRN
а	Biodiesel (other than agri-biodiesel) mixtures	\$.50		\$ *	388
b	Agri-biodiesel mixtures	1.00		0	390
С	Renewable diesel mixtures	1.00		*	307

Nontaxable Use of Alternative Fuel (after September 30, 2006)

Caution. There is a reduced credit rate for use in certain intercity and local buses (type of use 5). See page 4 in the Instructions for Form 4136 for the credit rate.

		(a) Type of use	(b) Rate	(c) Gallons or gasoline gallon equivalents (GGE)	(d) Amount of c	redit	(e) CRN
а	Liquefied petroleum gas (LPG)		\$.183		\$ *		419
b	"P Series" fuels		.183		0		420
С	Compressed natural gas (CNG) (GGE = 126.67 cu. ft.)		.183		*		421
d	Liquefied hydrogen		.183		*		422
е	Any liquid fuel derived from coal (including peat) through the Fischer-Tropsch process		.243		0		423
f	Liquid hydrocarbons derived from biomass		.243		0		424
g	Liquefied natural gas (LNG)		.243		0		425

Alternative Fuel Credit and Alternative Fuel Mixture Credit (after September 30, 2006)

Registration No. ▶

		(b) Rate	(c) Gallons or gasoline gallon equivalents (GGE)	(d) Amount of cr	(e) CRN	
а	Liquefied petroleum gas (LPG)	\$.50		\$ 101		426
b	"P Series" fuels	.50		*		427
С	Compressed natural gas (CNG) (GGE = 121 cu. ft.)	.50		*		428
d	Liquefied hydrogen	.50		*		429
е	Any liquid fuel derived from coal (including peat) through the Fischer-Tropsch process	.50		0		430
f	Liquid hydrocarbons derived from biomass	.50		0		431
g	Liquefied natural gas (LNG)	.50		0		432

Page 4

Form 4136 (2006)

AMOUNTS OF SELECTED LINES FILED (IN THOUSANDS OF DOLLARS)

16 Registered Credit Card Issuers

Registration No. ▶

		(b) Rate	(c) Gallons	(d) Amount of c	redit	(e) CRN
а	Diesel fuel sold for the exclusive use of a state or local government	\$.243		\$ 0		360
b	Kerosene sold for the exclusive use of a state or local government	.243		0		346
С	Kerosene for use in aviation sold for the exclusive use of a state or local government	.218		0		369

17 Nontaxable Use of a Diesel-Water Fuel Emulsion

Caution. There is a reduced credit rate for use in certain intercity and local buses (type of use 5). See page 4 in the Instructions for Form 4136 for the credit rate.											
	(a) Type of use	(b) Rate	(c) Gallons	(d) Amount of c	redit	(e) CRN					
a Nontaxable use		\$.197		\$ *		309					
b Exported		.198		0		306					

18 Diesel-Water Fuel Emulsion Blending

Registration No. ▶

	(b) Rate	(c) Gallons	(d) Amount of o	redit	(e) CRN
Blender credit	\$.046		\$ 0		310

19 Exported Dyed Fuels

		ns	(d) Amount of		redit	(e) CRN		
а	Exported dyed diesel fuel	\$.001			\$	0		415
b	Exported dyed kerosene	.001				*		416
20	Total income tax credit claimed. Add lines 1 through 19, column (a Form 1040, line 70 (also check box b on line 70); Form 1120, line 32f(28f(2); Form 1120S, line 23c; Form 1041, line 24h; or the proper line (a)	(2); Form 112	0-A, line	20	\$	85,905		

Form **4136** (2006)

^{*} Entry for this line is greater than zero, but too small to report

AMOUNTS OF SELECTED LINES FILED (IN THOUSANDS OF DOLLARS)

Department of the Treasury Internal Revenue Service

Depreciation and Amortization

(Including Information on Listed Property)

► See separate instructions. ► Attach to your tax return. OMB No. 1545-0172 Attachment Sequence No. **67**

Part I Election To Expense Certain Property Under Section 179 Note: If you have any listed property, complete Part V before you complete Part I. 1 Maximum amount. See the instructions for a higher limit for certain businesses	708,000 ,348,592 .30,000 3,754,338 ,291,571 ,206,303 598,149 3,699,568 ,762,847
Part I Election To Expense Certain Property Under Section 179 Note: If you have any listed property, complete Part V before you complete Part I. 1 Maximum amount. See the instructions for a higher limit for certain businesses	,348,592 .30,000 3,754,338 ,291,571 ,206,303 598,149 3,699,568
Note: If you have any listed property, complete Part V before you complete Part I. 1 Maximum amount. See the instructions for a higher limit for certain businesses	,348,592 .30,000 3,754,338 ,291,571 ,206,303 598,149 3,699,568
1 Maximum amount. See the instructions for a higher limit for certain businesses	,348,592 .30,000 3,754,338 ,291,571 ,206,303 598,149 3,699,568
Total cost of section 179 property placed in service (see instructions)	,348,592 .30,000 3,754,338 ,291,571 ,206,303 598,149 3,699,568
Threshold cost of section 179 property before reduction in limitation	3,754,338 ,291,571 ,206,303 598,149 3,699,568
4 Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0	,291,571 ,206,303 598,149 3,699,568
5 Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0 If married filling separately, see instructions	,291,571 ,206,303 598,149 3,699,568
separately, see instructions	,291,571 ,206,303 598,149 3,699,568
(a) Description of property (b) Cost (business use only) Cost (business income) Cost (business use only) Cost (business use only) Cost (business use only) Cost (business income) Cost (business) Cost (business) Cost (business) Cost (business) Cost (busines) Cost (business) Cost (business) Cost (business) Cost (busin	,291,571 ,206,303 598,149 3,699,568
7 Listed property. Enter the amount from line 29	,206,303 598,149 3,699,568
7 Listed property. Enter the amount from line 29	,206,303 598,149 3,699,568
8 Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	,206,303 598,149 3,699,568
8 Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	,206,303 598,149 3,699,568
9 Tentative deduction. Enter the smaller of line 5 or line 8	,206,303 598,149 3,699,568
10 Carryover of disallowed deduction from line 13 of your 2005 Form 4562	598,149 3,699,568
Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instructions) Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11. Carryover of disallowed deduction to 2007. Add lines 9 and 10, less line 12 Note: Do not use Part II or Part III below for listed property. Instead, use Part V. Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property.) (See	3,699,568
12 Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11 12 44 13 Carryover of disallowed deduction to 2007. Add lines 9 and 10, less line 12 ▶ 13 Note: Do not use Part II or Part III below for listed property. Instead, use Part V. Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property.) (See	
13 Carryover of disallowed deduction to 2007. Add lines 9 and 10, less line 12 ▶ 13 Note: Do not use Part II or Part III below for listed property. Instead, use Part V. Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property.) (See Special allowance for qualified New York Liberty or Gulf Opportunity Zone property (other than listed	,702,017
Note: Do not use Part II or Part III below for listed property. Instead, use Part V. Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property.) (See 14 Special allowance for qualified New York Liberty or Gulf Opportunity Zone property (other than listed	
Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property.) (See	
14 Special allowance for qualified New York Liberty or Gulf Opportunity Zone property (other than listed	instructions)
14 Special allowance for qualified New York Liberty or Gulf Opportunity Zone property (other than listed)	
property) placed in service during the tax year (see instructions)	79,170
property) placed in service during the tax year (see instructions)	36,248
	483,008
Part III MACRS Depreciation (Do not include listed property.) (See instructions.)	
Section A	
17 MACRS deductions for assets placed in service in tax years beginning before 2006	,452,433
18 If you are electing to group any assets placed in service during the tax year into one or more	
general asset accounts, check here	
Section B—Assets Placed in Service During 2006 Tax Year Using the General Depreciation System	∍m
(a) Classification of property (b) Month and year placed in (business/investment use (d) Recovery (e) Convention (f) Method (g) Depre	ciation deduction
service only—see instructions) period (i) Method (g) Depre	ciation deduction
19a 3-year property 3,053,593	327,399
b 5-year property 20,161,279 3,	235,320
c 7-year property 19,397,636 2,	119,689
d 10-year property 4,109,615	274,261
	26,669
f 20 year property 2 169 954	69,107
	38,590
g 25-year property 582,560 25 yrs. 5/L	
g 25-year property 582,560 25 yrs. S/L h Residential rental 205,484,925 27.5 yrs. MM S/L 4,	523,816
g 25-year property 582,560 25 yrs. S/L h Residential rental property 205,484,925 27.5 yrs. MM S/L 4,000 undetermined type 21,233 27.5 yrs. MM S/L 8,193	523,816 undetermined type
g 25-year property 582,560 25 yrs. S/L h Residential rental property 205,484,925 27.5 yrs. MM S/L 4,000 i Nonresidential real 66,656,989 39 yrs. MM S/L 8,193	523,816 undetermined type 057,301
g 25-year property 582,560 25 yrs. S/L h Residential rental property 205,484,925 27.5 yrs. MM S/L 4,000 i Nonresidential real property 66,656,989 39 yrs. MM S/L 9/L 9/L 9/L 9/L 12,280, i Total GDS cost 327,243,746 MM S/L 12,280,	523,816 undetermined type 57,301 345 Total GDS co
g 25-year property 582,560 25 yrs. S/L h Residential rental property 205,484,925 27.5 yrs. MM S/L 4, 25 i Nonresidential real property 66,656,989 39 yrs. MM S/L 8,193 Fotal GDS cost 327,243,746 MM S/L 12,280 Section C—Assets Placed in Service During 2006 Tax Year Using the Alternative Depreciation Systems	523,816 undetermined type 957,301 345 Total GDS co
g 25-year property 582,560 25 yrs. S/L h Residential rental property 205,484,925 27.5 yrs. MM S/L 4, 20, 20, 20, 20, 20, 20, 20, 20, 20, 20	523,816 undetermined type 957,301 345 Total GDS co stem 50,443
g 25-year property 582,560 25 yrs. S/L h Residential rental property 205,484,925 27.5 yrs. MM S/L 4, property i Nonresidential real property 66,656,989 39 yrs. MM S/L S/L Section C—Assets Placed in Service During 2006 Tax Year Using the Alternative Depreciation Systems S/L S/L 20a Class life 876,877 S/L S/L b 12-year 101,941 12 yrs. S/L	523,816 undetermined type 957,301 345 Total GDS co stem 50,443 3,854
g 25-year property 582,560 25 yrs. S/L h Residential rental property 205,484,925 27.5 yrs. MM S/L 4, property i Nonresidential real property 66,656,989 39 yrs. MM S/L 8,193 Section C—Assets Placed in Service During 2006 Tax Year Using the Alternative Depreciation Systems 20a Class life 876,877 S/L b 12-year 101,941 12 yrs. S/L c 40-year 1,890,856 40 yrs. MM S/L	523,816 undetermined type 957,301 345 Total GDS co stem 50,443 3,854 29,617
g 25-year property 582,560 25 yrs. S/L h Residential rental property 205,484,925 27.5 yrs. MM S/L 4, property i Nonresidential real property 66,656,989 39 yrs. MM S/L 8,193 Section C—Assets Placed in Service During 2006 Tax Year Using the Alternative Depreciation Sys 20a Class life 876,877 S/L S/L b 12-year 101,941 12 yrs. S/L c 40-year 1,890,856 40 yrs. MM S/L Part IV Summary (see instructions) Total ADS Cost = 2,869,673 Total ADS Deduction =	523,816 undetermined type 957,301 345 Total GDS costem 50,443 3,854 29,617 83,913
g 25-year property 582,560 25 yrs. S/L h Residential rental property 205,484,925 27.5 yrs. MM S/L 4, property i Nonresidential real property 66,656,989 39 yrs. MM S/L 8,193 Section C—Assets Placed in Service During 2006 Tax Year Using the Alternative Depreciation Sys 20a Class life 876,877 S/L S/L b 12-year 101,941 12 yrs. S/L c 40-year 1,890,856 40 yrs. MM S/L Part IV Summary (see instructions) Total ADS Cost = 2,869,673 Total ADS Deduction =	523,816 undetermined type 957,301 345 Total GDS co stem 50,443 3,854 29,617
g 25-year property 582,560 25 yrs. S/L h Residential rental property 205,484,925 27.5 yrs. MM S/L 4, property i Nonresidential real property 66,656,989 39 yrs. MM S/L 9 Section C—Assets Placed in Service During 2006 Tax Year Using the Alternative Depreciation Systems S/L 12,280, 20a Class life 876,877 S/L S/L b 12-year 101,941 12 yrs. S/L c 40-year 1,890,856 40 yrs. MM S/L Part IV Summary (see instructions) Total ADS Cost = 2,869,673 Total ADS Deduction = 21 Listed property. Enter amount from line 28 21 6 22 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21.	523,816 undetermined type 957,301 345 Total GDS costem 50,443 3,854 29,617 83,913

Form 4562 (2006)

Part V

AMOUNTS OF SELECTED LINES FILED (IN THOUSANDS OF DOLLARS)

Page	2
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Listed Property (Include automobiles, certain other vehicles, cellular telephones, certain computers, and property used for entertainment, recreation, or amusement.)

Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete **only** 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

Sec	tion A—Depre	ciation and O	ther Inforr	nation	(Caution:	See	the ins	struction	ns for lin	nits for	passei	nger au	tomobil	es.)	
	Do you have evid												written?		s⊡No
Ту	(a) pe of property (list vehicles first)	(b) Date placed in service	(c) Business/ investment use percentage		(d) t or other basis		(e) sis for dep siness/inv use or		(f) Recovery	y Me	(g) ethod/ vention	Depr	(h) eciation duction	Ele secti	(i) ected on 179 ost
25	Special allowance year and used mo	for qualified New	York Liberty o	or Gulf Op	portunity Zo	one pro	operty pla	aced in se	ervice duri	ng the ta	. 25				
26	Property used								• • •	• •	. 25				
	.,,		%												
			%												
			%												
27	Property used	50% or less i			ness use:				I	_					
			%			+				S/L -				_	
			% %			+	50,202	404		5/L ·				-	
28	Add amounts	in column (h)			7 Enter	_			nage		28	6.30	01,156	\dashv	
29	Add amounts								, page					2,25	2,087
		(//			B—Inforn									,	,
	nplete this secti u provided vehicles		s used by a	a sole p	roprietor,	part	ner, or	other"r	nore tha	an 5%					vehicles.
30	Total business/during the year (do not include co	ommuting	(a Vehic				(c) Vehicle 3		(d) Vehicle 4		(e) Vehicle 5		(f) Vehicle 6	
31	miles) . Total commuting														
32	Total other pe														
-	miles driven .	•													
33	Total miles driv	ear. Add													
34	Was the vehicl use during off-		personal 	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
35	Was the vehice more than 5% of														
36	Is another vehicuse?	cle available for													
		Section C—Qu		-	-					-					
	wer these quest more than 5%						comp	leting S	ection E	3 for ve	ehicles	used by	y emplo	yees w	ho are
37	Do you mainta	ain a written po	•		•				of vehicl		_		•	Yes	No
38	Do you maintain See the instruct	a written policy	statement th	nat prohi	bits persor	nal us	e of veh	icles, ex	cept com	muting,	by your	employ	ees?		
39	Do you treat a		=												
40	Do you provid	le more than f	ive vehicles	s to you	ır employ	ees,	obtain	informa	tion fro	m your					
41	the use of the Do you meet th	e requirements	concerning of	qualified	automobil	e den	nonstrat	ion use?	(See ins	truction	ns.) .				
	Note: If your a		3, 39, 40, oi	r 41 is "	Yes," do ı	not co	omplete	Section	n B for t	he cove	ered vel	nicles.			
Ра	rt VI Amori	tization									<u> </u>	,			
	(a) Description	of costs	Date am	b) ortization gins		Amor	c) tizable ount		Co- sect	de	Amort	ization od or entage		(f) rtization f nis year	or
42	Amortization of	f costs that beg	gins during	your 200	06 tax yea	ar (se	e instru	ctions):			1 20100				
						·									
							9,496								
43	Amortization of		-	-		•						43		220,772	
44	Total. Add am	iounts in colur	ıın (ĭ). See	rue insi	uctions	ior w	mere to	report				44	1,6	306,922	:

AMOUNTS OF SELECTED LINES FILED (IN THOUSANDS OF DOLLARS)

Casualties and Thefts

► See separate instructions.

► Attach to your tax return.

Attachment Sequence No. **26**

Name(s) shown on tax return

Department of the Treasury Internal Revenue Service

▶ Use a separate Form 4684 for each casualty or theft.

Total Forms Filed = 306,241

Identifying number

1	Description of properties (show type, location, and defrom the same casualty or theft.	ate ac	quired for eac	n proj	perty). Us	e a sepa	rate line f	or each p	prop	erty lost or dar
	Property A									
	Property B									
	Property C									
	Property D									
						Dr	perties			
			Α			В	pperties	С		D
2	Cost or other basis of each property	2								
_	,									
3	Insurance or other reimbursement (whether or not you filed a claim) (see instructions)	3								
	Note: If line 2 is more than line 3, skip line 4.									
4	Gain from casualty or theft. If line 3 is more than line									
	2, enter the difference here and skip lines 5 through 9									
	for that column. See instructions if line 3 includes insurance or other reimbursement you did not claim, or									
	you received payment for your loss in a later tax year.	4								
5	Fair market value before casualty or theft	5								
6	Fair market value after casualty or theft	6								
_		_								
7	Subtract line 6 from line 5	7								
0	Enter the smaller of line 2 or line 7	8								
8 9	Subtract line 3 from line 8. If zero or less,									
9	enter -0	9								
					1		l			
)	Casualty or theft loss. Add the amounts on line 9 in o	column	s A through D						10	
			_							
	Enter the smaller of line 10 or \$100. But if the loss a 24, 2005; Hurricane Rita disaster area after September							ıst		
	October 22, 2005, and was caused by that particular	hurric	ane, enter -0-					📙	11	
2	Subtract line 11 from line 10							📙	12	
	Caution: Use only one Form 4684 for lines 13 through	h 21.								
}	Add the amounts on line 12 of all Forms 4684							-	13	
	Add the amounts on line 4 of all Forms 4684							-	14	
5	• If line 14 is more than line 13, enter the difference	here a	nd on Schedu	le D.	Do not				45	5,338
	 complete the rest of this section (see instructions). If line 14 is less than line 13, enter -0- here and go 	to lin	a 16			}			15	3,336
	If line 14 is egual to line 13, enter -0- here. Do not			f thic	acation					
	•					,			16	6,137,149
	If line 14 is less than line 13, enter the difference. Add the amounts on line 12 of all Forms 4684 on whi	-		-				-	17	3,725,008
	Is line 17 less than line 16?	ich you	a entered -0- (יו ווו	e II				ii	0,1.20,000
	No. Stop. Enter the amount from line 16 on Scheduline 8. Estates and trusts, enter the amount from line	,	,.			,		, ·		
	Yes. Subtract line 17 from line 16.					, , 50			18	
	Enter 10% of your adjusted gross income from Form	1040	line 38. or Fo	m 10)40NR. lin	e 36. Es	tates and			
	trusts, see instructions		•		•				19	
	Subtract line 19 from line 18. If zero or less, enter -0-							[20	
		-		-		-	-			

Form 4684 (2006) Attachment Sequence No. **26** Page **2**

Name(s) shown on tax return. Do not enter name and identifying number if shown on other side.

	TION B—Business and Income-Producin				L	.14	. +l f+ \			
Pai 2	Casualty or Theft Gain or Loss (Use Description of properties (show type, location, and da						,	n prope	erty lost or da	m-
	aged from the same casualty or theft.			, ,,					•	
	Property A									
	Property B									
	Property C									
	Property D									
						Prope				
			Α		В		С		D	
3	Cost or adjusted basis of each property	23								
4	Insurance or other reimbursement (whether or not	04								
	you filed a claim). See the instructions for line 3.	24								
_	Note: If line 23 is more than line 24, skip line 25.									
5	Gain from casualty or theft. If line 24 is more than line 23, enter the difference here and on line 32 or line 37,									
	column (c), except as provided in the instructions for									
	line 36. Also, skip lines 26 through 30 for that column. See the instructions for line 4 if line 24 includes									
	insurance or other reimbursement you did not claim, or									
	you received payment for your loss in a later tax year.	25		_						
6	Fair market value before casualty or theft	26		_						
7	Fair market value after casualty or theft	27		-						
8	Subtract line 27 from line 26	28		-						
9	Enter the smaller of line 23 or line 28	29		-						
	Note: If the property was totally destroyed by casualty or lost from theft, enter on line 29 the									
	amount from line 23.									
0	Subtract line 24 from line 29. If zero or less, enter -0-	30								
1	Casualty or theft loss. Add the amounts on line 30. Ent			ne 32 (or line 37	(see in:	structions).	31		
Par	t II Summary of Gains and Losses (from	ı sep	arate Parts I)		• •		asualties or the		(c) Gains fro	
	(a) Identify casualty or theft				Trade, busii ental or roy		(ii) Income		casualties or t	
	Convolty or The	£1 ~£	Duanautu Hald	000	property		employee pro	perty		
	Casualty or The	IL OI	Property Heid	Une	rear o	Les	(S			
2				()	()		
			1 00	()	()		
3	Totals. Add the amounts on line 32			()	()		
4	Combine line 33, columns (b)(i) and (c). Enter the net of					14. If	Form 4797		404.000	
	is not otherwise required, see instructions							34	-194,322	
5	Enter the amount from line 33, column (b)(ii) here. India on Schedule A (Form 1040), line 27, or Schedule A (Form 1040).									
	used as an employee on Schedule A (Form 1040), lin	e 22, (
	trusts, partnerships, and S corporations, see instructi Casualty or Theft				Thom O			35		
		OI PI	operty neid iv	iore	man C	ле т	ear	00	52.525	I
6	Casualty or theft gains from Form 4797, line 32 .							36	52,525	
7				1			()		
				(=	Q4 024		()		
В	Total losses. Add amounts on line 37, columns (b)(i) a	` '	` '		84,021		(/	232 540	
9	Total gains. Add lines 36 and 37, column (c)							39	233,548 772,044	
0	Add amounts on line 38, columns (b)(i) and (b)(ii)							40	112,044	
1 a	If the loss on line 40 is more than the gain on line 39 Combine line 38, column (b)(i) and line 39, and enter the net ga		nee) hara Dartnarahin	e love	ant alactics	ı laran =	artnerships\			
а	and S corporations, see the note below. All others, enter the required, see instructions							41a	-511,435	
b	Enter the amount from line 38, column (b)(ii) here. Indiv									
	on Schedule A (Form 1040), line 27, or Schedule A (Foundation of Schedule A (Form 1040), line 27, or S									
	trusts, enter on the "Other deductions" line of your ta								4.7.000	
	and S corporations, see the note below. Electing larg							41b	-147,038	
2	If the loss on line 40 is less than or equal to the gain on (except electing large partnerships), see the note below.							42	157,943	
	Note: Partnerships, enter the amount from line 41a, 4						11.			

AMOUNTS OF SELECTED LINES FILED (IN THOUSANDS OF DOLLARS)

Form **4797**

Sales of Business Property

(Also Involuntary Conversions and Recapture Amounts Under Sections 179 and 280F(b)(2))

▶Attach to your tax return. ▶See separate instructions.

OMB No. 1545-0184

206

Attachment

Department of the Treasury Internal Revenue Service (99) Name(s) shown on return

Total Forms Filed = 3,133,256

om sales or exchanges reported to you for 2006 on Form(s) 1099-B or 1099-S (or substitute

1	Enter the gross proceeds from statement) that you are includ				1099-B or 1099-S	•	1	61,548,150
Pa	Sales or Exchange Than Casualty or			de or Busines	s and Involun	tary Conv	ersic	ons From Other
	(a) Description of property	(b) Date acquired (mo., day, yr.)	(c) Date sold (mo., day, yr.)	(d) Gross sales price	(e) Depreciation allowed or allowable since acquisition	(f) Cost or of basis, plu improvements expense of	s s and	(g) Gain or (loss) Subtract (f) from the sum of (d) and (e)
2								
								124,873,114
3	Gain, if any, from Form 4684,	line 42					3	131,963
4	Section 1231 gain from install						4	8,937,532
5	Section 1231 gain or (loss) fro					[5	2,691,080
6	Gain, if any, from line 32, from		•			I	6	55,166,901
7	Combine lines 2 through 6. Er					I	7	191,800,590
-	Partnerships (except electing instructions for Form 1065, Scho	large partnership	os) and S corpora	ations. Report the	gain or (loss) follo	wing the		
	Individuals, partners, S corp from line 7 on line 11 below ar 1231 losses, or they were rec on the Schedule D filed with y	nd skip lines 8 and aptured in an earl	9. If line 7 is a gai	n and you did not gain from line 7 a	have any prior yea	ar section		
8	Nonrecaptured net section 12	31 losses from pri	or years (see instr	ructions) , ,		[8	3,683,170
9	Subtract line 8 from line 7. If z If line 9 is more than zero, en long-term capital gain on the	ero or less, enter- ter the amount fro Schedule D filed v	-0 If line 9 is zero om line 8 on line 1 vith your return (se	o, enter the gain from 2 below and ente	om line 7 on line 1 r the gain from lin	e 9 as a	9	27,358,455
Pai	rt II Ordinary Gains an	d Losses (see	instructions)					
10	Ordinary gains and losses not	included on lines	11 through 16 (in	clude property hel	d 1 year or less):			
								3,150,072
11	Loss, if any, from line 7						11	(7,019,118)
12	Gain, if any, from line 7 or am						12	1,413,011
13	Gain, if any, from line 31 .						13	6,920,778
14	Net gain or (loss) from Form 4	684, lines 34 and	41a				14	-239,878
15	Ordinary gain from installment						15	299,259
16	Ordinary gain or (loss) from like	e-kind exchanges	from Form 8824				16	149,119
17	Combine lines 10 through 16						17	4,673,243
18 a	For all except individual return lines a and b below. For indivi- If the loss on line 11 includes a the part of the loss from inco	ns, enter the amou idual returns, com a loss from Form 4 me-producing pro	int from line 17 or plete lines a and b 684, line 38, colun perty on Schedule	n the appropriate I o below: nn (b)(ii), enter that e A (Form 1040), Ii	part of the loss he ine 27, and the part	and skip ere. Enter art of the		
	loss from property used as an 18a." See instructions						18a	*
b	Redetermine the gain or (loss) line 14	on line 17 exclud	ing the loss, if any	y, on line 18a. Ente	er here and on Fo	rm 1040,	18b	4,676,722

For Paperwork Reduction Act Notice, see separate instructions.

Cat. No. 13086I

Form **4797** (2006)

Form 4797 (2006) AMOUNTS OF SELECTED LINES FILED (IN THOUSANDS OF DOLLARS)

Page 2

Pa	(see instructions)	Sect	ions 1245, 12	.50, 1252,	1254	+, and 12) O	
19	(a) Description of section 1245, 1250, 1252, 1254, or 1255 pt	roperty:				(b) Date acc (mo., day,		(c) Date sold (mo., day, yr.)
Α								
В								
D								
	These columns relate to the properties on lines 19A through 19	_	Property A	Property	/ B	Property	, C	Property D
20	Gross sales price (Note: See line 1 before completing.)	20						
21	·	21						
22		23						
23	Adjusted basis. Subtract line 22 from line 21	20						
24	Total gain. Subtract line 23 from line 20	24						
25	If section 1245 property:							
а	Depreciation allowed or allowable from line 22							
b	Enter the smaller of line 24 or 25a	25b	6,581,639					
26	If section 1250 property: If straight line depreciation was used, enter -0- on line 26g, except for a corporation subject to section 291.							
а	hese columns relate to the properties on lines 19A through 1 ross sales price (Note: See line 1 before completing.) ost or other basis plus expense of sale	26a						
b	Applicable percentage multiplied by the smaller of line 24 or line 26a (see instructions)	26b						
С	Subtract line 26a from line 24. If residential rental property or line 24 is not more than line 26a, skip lines 26d and 26e	26c						
d	Additional depreciation after 1969 and before 1976	26d						
е	Enter the smaller of line 26c or 26d	26e						
f	(p),	26f	040.004					
<u>g</u>	Add lines 26b, 26e, and 26f	26g	219,031					
27	If section 1252 property: Skip this section if you did not dispose of farmland or if this form is being completed for a partnership (other than an electing large partnership).							
а	Soil, water, and land clearing expenses	27a						
b	Line 27a multiplied by applicable percentage (see instructions)	27b						
c	Enter the smaller of line 24 or 27b	27c	*					
28	If section 1254 property:							
а	Intangible drilling and development costs, expenditures for development of mines and other natural deposits, and mining exploration costs (see instructions)	28a						
b	Enter the smaller of line 24 or 28a	28b	303,210					
29	If section 1255 property:							
а	Applicable percentage of payments excluded from income under section 126 (see instructions)	29a						
	Enter the smaller of line 24 or 29a (see instructions)	29b	*					
Sur	nmary of Part III Gains. Complete property columns	A thre	ough D throug	h line 29b	betoi	re going to	line	30.
30	Total gains for all properties. Add property columns A throug	h D, line	e 24				30	62,134,616
							24	6,920,777
31 32	Add property columns A through D, lines 25b, 26g, 27c, 28b, Subtract line 31 from line 30. Enter the portion from casualty	or theft	on Form 4684, lir	ne 36. Enter	the po	ortion from	31	
Pa	rt IV Recapture Amounts Under Sections 179 (see instructions)						32 s to 5	55,213,838 50% or Less
	(See instructions)					(a) Secti	on	(b) Section 280F(b)(2)
22	Cootion 170 ovnonce deduction or description allowed by	orie= · · ·	oro		33			. , , ,
33 34	Section 179 expense deduction or depreciation allowable in precipitation (see instructions).		ars		34			
35	Recapture amount. Subtract line 34 from line 33. See the inst				35			

AMOUNTS OF SELECTED LINES FILED (IN THOUSANDS OF DOLLARS)

Department of the Treasury

Farm Rental Income and Expenses

(Crop and Livestock Shares (Not Cash) Received by Landowner (or Sub-Lessor)) (Income not subject to self-employment tax)

Interna	al Revenue Service	► Attach	to Form 1040 or Fo	rm 1040NR.	. ► S	ee instructions on l	back.	Sequence N	lo. 37
Name	e(s) shown on tax return						Your soci	al security number	
							Employer	ID number (EIN), if	
		Total F	orms Filed = 635	,521					
A [Did you actively participa	te in the ope	ration of this farm	during 200	6 (see in:	structions)?		Yes	□No
Pai	rt I Gross Farm Re	ntal Income	Based on Pro	duction. In	clude ar	mounts converted	l to cash	or the equivale	ent.
1	Income from production	n of livestock	. produce, grains,	and other	crops .		1	4,342,366	
2a	Cooperative distributions			110,536		2b Taxable amount	2b		
3a	Agricultural program payr		′ _	1,195,013		3b Taxable amount	3b	1,164,822	
4	Commodity Credit Corp	•	,	ctions):					
а	CCC loans reported un	der election .	·				4a	11,741	
b	CCC loans forfeited		4b	*		4c Taxable amount	4c		
5	Crop insurance proceed	ds and federa		yments (se	e instruct	tions):			
а	Amount received in 200			92,015		5b Taxable amount	5b	86,298	
С	If election to defer to 20						_	2 244 204	
6	Other income, including							2,211,381	
7	Gross farm rental inco							7,948,426	
	total here and on Sched	dule E (FOITI)	1040), line 42			<u> </u>	7	7,940,420	
Par	t II Expenses—Far	m Rental P	roperty. Do not ir	nclude pers	onal or	living expenses.			
8	Car and truck expenses	s (see		21	Pension	and profit-sharing		*	
	Schedule F instructions)				plans .		21		
	attach Form 4562	8 9		22	Rent or le	ease:			
9	Chemicals					, machinery,			
10	Conservation expenses	(see		1 1		pment (see	00-		
	instructions)		160,278	1		ons)	001		+-
11	Custom hire (machine w	voin, .	100,276	1 1	•	nd, animals, etc.).		294,619	
12	Depreciation and section	n 179		1 1		and maintenance . nd plants	24	190,221	
	expense deduction not claimed elsewhere	12	672,812	1 1		and warehousing.	0.5	100,221	
40			,	1 1	_			114,067	
13	Employee benefit progra other than on line 21 (see			1				807,890	
	Schedule F instructions		*	1 1	Utilities .		00		
14	Feed	14				y, breeding, and			
15	Fertilizers and lime	15)	29		
16	Freight and trucking .	16			Other ex				
17	Gasoline, fuel, and oil	17	149,559		(specify):				
18	Insurance (other than he	ealth) . 18		а					
19	Interest:			b					
	Mortgage (paid to banks,	' l		С					
	Other		106,812	d					
20	Labor hired (less employ						006		
	credits) (see Schedule Finstructions)		74,681	1 1			30f 30g		
	instructions)	20	74,001	g			309		
21	Total expenses Add li	noo 0 throug	h 20g (ann instruct	iono)		_	31	5,056,242	
31	Total expenses. Add li	•	• .	,				0,000,2 :2	
32	Net farm rental incom it here and on Schedule							2,892,184	
33	If line 32 is a loss, chec			-	_		33a	All investment is	at rick
50							33b	Some investment is	
	You may have to compl						,		T
	box you checked (see in								
	before going to Form	8582. In ei	ther case, enter	the deduc	tible los	s here and on			
	Schodulo E lino 10	Nonda	ductible lose (+1/9	uenandad l	nee carry	$\alpha_{VOT}(-) = 105.212$	220	620 202	1

Form **4952**

AMOUNTS OF SELECTED LINES FILED (IN THOUSANDS OF DOLLARS)

Investment Interest Expense Deduction

► Attach to your tax return.

2006 Attachment Sequence No. 51

OMB No. 1545-0191

Department of the Treasury Internal Revenue Service (99 Name(s) shown on return

Total Forms Filed = 1,813,952

Identifying number

Part I Total Investment Interest Expense	·	
1 Investment interest expense paid or accrued in 2006 (see instructions)	1	32,589,950
2 Disallowed investment interest expense from 2005 Form 4952, line 7		15,866,772
3 Total investment interest expense. Add lines 1 and 2	3	48,456,722
Part II Net Investment Income		
4a Gross income from property held for investment (excluding any net gain from the disposition of property held for investment) 4a 131,996,293		
b Qualified dividends included on line 4a		
c Subtract line 4b from line 4a	4c	83,349,379
d Net gain from the disposition of property held for investment 4d 290,358,725		
e Enter the smaller of line 4d or your net capital gain from the disposition of property held for investment (see instructions)		
f Subtract line 4e from line 4d	4f	25,345,274
g Enter the amount from lines 4b and 4e that you elect to include in investment income (see		
instructions)	4g	4,740,313
h Investment income. Add lines 4c, 4f, and 4g	1	113,434,967
5 Investment expenses (see instructions)		8,515,550
6 Net investment income. Subtract line 5 from line 4h. If zero or less, enter -0-	6	105,853,367
Part III Investment Interest Expense Deduction		
7 Disallowed investment interest expense to be carried forward to 2007. Subtract line 6 from		
line 3. If zero or less, enter -0-	7	19,070,027
8 Investment interest expense deduction. Enter the smaller of line 3 or 6. See instructions.	8	29,386,695

Section references are to the Internal Revenue Code unless otherwise noted.

General Instructions Purpose of Form

Use Form 4952 to figure the amount of investment interest expense you can deduct for 2006 and the amount you can carry forward to future years. Your investment interest expense deduction is limited to your net investment income.

For more information, see Pub. 550, Investment Income and Expenses.

Who Must File

If you are an individual, estate, or a trust, you must file Form 4952 to claim a deduction for your investment interest expense.

Exception. You do not have to file Form 4952 if all of the following apply.

- Your investment income from interest and ordinary dividends minus any qualified dividends is more than your investment interest expense.
- You do not have any other deductible investment expenses.
- You do not have any carryover of disallowed investment interest expense from 2005.

Allocation of Interest Expense

If you paid or accrued interest on a loan and used the loan proceeds for more than one purpose, you may have to allocate the interest. This is necessary because different

rules apply to investment interest, personal interest, trade or business interest, home mortgage interest, and passive activity interest. See Pub. 535, Business Expenses.

Specific Instructions Part I—Total Investment Interest Expense

Line 1

Enter the investment interest expense paid or accrued during the tax year, regardless of when you incurred the indebtedness. Investment interest expense is interest paid or accrued on a loan or part of a loan that is allocable to property held for investment (as defined on this page).

Include investment interest expense reported to you on Schedule K-1 from a partnership or an S corporation. Include amortization of bond premium on taxable bonds purchased after October 22, 1986, but before January 1, 1988, unless you elected to offset amortizable bond premium against the interest payments on the bond. A taxable bond is a bond on which the interest is includible in gross income.

Investment interest expense does not include any of the following:

- Home mortgage interest.
- Interest expense that is properly allocable to a passive activity. Generally, a passive activity is any trade or business activity in which you do not materially participate and any rental activity. See the Instructions for Form 8582, Passive Activity Loss Limitations, for details.

- Any interest expense that is capitalized, such as construction interest subject to section 263A.
- Interest expense related to tax-exempt interest income under section 265.
- Interest expense, disallowed under section 264, on indebtedness with respect to life insurance, endowment, or annuity contracts issued after June 8, 1997, even if the proceeds were used to purchase any property held for investment.

Property held for investment. Property held for investment includes property that produces income, not derived in the ordinary course of a trade or business, from interest, dividends, annuities, or royalties. It also includes property that produces gain or loss, not derived in the ordinary course of a trade or business, from the disposition of property that produces these types of income or is held for investment. However, it does not include an interest in a passive activity.

Exception. A working interest in an oil or gas property that you held directly or through an entity that did not limit your liability is property held for investment, but only if you did not materially participate in the activity.

Part II—Net Investment Income

Line 4a

Gross income from property held for investment includes income, unless derived in the ordinary course of a trade or business, from interest, ordinary dividends (except Alaska Permanent Fund dividends), annuities, and royalties. Include investment income

AMOUNTS OF SELECTED LINES FILED (IN THOUSANDS OF DOLLARS) **Tax on Lump-Sum Distributions**

(From Qualified Plans of Participants Born Before January 2, 1936)

▶ Attach to Form 1040, Form 1040NR, or Form 1041.

OMB No. 1545-0193

Department of the Treasury Internal Revenue Service (99) Name of recipient of distribution

2006
Attachment
Sequence No. 28

Identifying number

	lotal Forms Filed = 13,439					
Pai	Complete this part to see if you can use Form 4972					
1	Was this a distribution of a plan participant's entire balance (excluding deductible voluntary contributions and certain forfeited amounts) from all of an employer's qualified plans of one kind profit-sharing, or stock bonus)? If "No," do not use this form	(pens	ion,	1	Yes	No
2	Did you roll over any part of the distribution? If "Yes," do not use this form			2		
3	Was this distribution paid to you as a beneficiary of a plan participant who was born before					
	January 2, 1936?		;	3		
4	Were you (a) a plan participant who received this distribution, (b) born before January 2, 1936, participant in the plan for at least 5 years before the year of the distribution?			4		
	If you answered "No" to both questions 3 and 4, do not use this form.					
	Did you use Form 4972 after 1986 for a previous distribution from your own plan? If "Yes," do no form for a 2006 distribution from your own plan		5	ā		
	If you are receiving this distribution as a beneficiary of a plan participant who died, did you use F for a previous distribution received for that participant after 1986? If "Yes," do not use the form distribution	n for	this	5b		
Par	Complete this part to choose the 20% capital gain election (see instructions)					
6	Capital gain part from Form 1099-R, box 3	6		*		-
7	Multiply line 6 by 20% (.20)	7				
	If you also choose to use Part III, go to line 8. Otherwise, include the amount from line 7 in the total on Form 1040, line 44, Form 1040NR, line 41, or Form 1041, Schedule G, line 1b, whichever applies.					
Par	t III Complete this part to choose the 10-year tax option (see instructions)					
8	Ordinary income from Form 1099-R, box 2a minus box 3. If you did not complete Part II, enter the taxable amount from Form 1099-R, box 2a	8	372		4	
9	Death benefit exclusion for a beneficiary of a plan participant who died before August 21, 1996	9		0		
10	Total taxable amount. Subtract line 9 from line 8	10	372		4	
11	Current actuarial value of annuity from Form 1099-R, box 8. If none, enter -0	11	(0		
12	Adjusted total taxable amount. Add lines 10 and 11. If this amount is \$70,000 or more, skip lines 13 through 16, enter this amount on line 17, and go to line 18	12	372	,904	4	
13 14 15	Multiply line 12 by 50% (.50), but do not enter more than \$10,000 . Subtract \$20,000 from line 12. If line 12 is \$20,000 or less, enter -0 Multiply line 14 by 20% (.20)	16	47.	666	i	
16 17	Minimum distribution allowance. Subtract line 15 from line 13	17	,	-		
18	Federal estate tax attributable to lump-sum distribution	18		*		
19	Subtract line 18 from line 17. If line 11 is zero, skip lines 20 through 22 and go to line 23	19				
20 21 22	Divide line 11 by line 12 and enter the result as a decimal (rounded to at least three places)					
23	Subtract line 21 from line 11	23				
23 24	Tax on amount on line 23. Use the Tax Rate Schedule in the instructions	24	5.2	293		
25	Multiply line 24 by ten (10). If line 11 is zero, skip lines 26 through 28, enter this amount on line	25	•			
26	29, and go to line 30					
27	Tax on amount on line 26. Use the Tax Rate Schedule in the					
00	moradiono	28				
28 29	Multiply line 27 by ten (10)	29	52	930		
30	Tax on lump-sum distribution. Add lines 7 and 29. Also include this amount in the total on Form 1040, line 44, Form 1040NR, line 41, or Form 1041, Schedule G, line 1b, whichever applies	30	·	250		
		- 50	,			

Form **5329**

Department of the Treasury

Service (99)

AMOUNTS OF SELECTED LINES FILED (IN THOUSANDS OF DOLLARS) Additional Taxes on Qualified Plans (Including IRAs) and Other Tax-Favored Accounts

► Attach to Form 1040 or Form 1040NR.

► See separate instructions.

OMB No. 1545-0074

2006

Attachment Sequence No. **29**

Name	e of individual subject to additional tax. If married filing jointly, see instructions.	Your	social security nu	ımber
	Total Forms Filed = 1,469,483		i i	
	in Your Address Only bu Are Filing This Home address (number and street), or P.O. box if mail is not delivered to your home	Apt. r	no.	
	m by Itself and Not City, town or post office, state, and ZIP code	If thi	s is an amended	
	n Your Tax Return	1	n, check here	
If vo	ou only owe the additional 10% tax on early distributions, you may be able to report this tax direct			60. o
	Form 1040NR, line 55, without filing Form 5329. See the instructions for Form 1040, line 60, or for	-		
	rt I Additional Tax on Early Distributions		,	
	Complete this part if you took a taxable distribution (other than a qualified hurricane distribut 59½, from a qualified retirement plan (including an IRA) or modified endowment contract (unled directly on Form 1040—see above). You may also have to complete this part to indicate that you the additional tax on early distributions or for certain Roth IRA distributions (see instructions).	ess you	ı are reporting t	his ta
1	Early distributions included in income. For Roth IRA distributions, see instructions	1		
2	Early distributions included on line 1 that are not subject to the additional tax (see instructions).			
	Enter the appropriate exception number from the instructions:	2		
3	Amount subject to additional tax. Subtract line 2 from line 1	3	11,876,673	
4	Additional tax. Enter 10% (.10) of line 3. Include this amount on Form 1040, line 60, or Form 1040NR, line 55	4	1,203,007	
	Caution: If any part of the amount on line 3 was a distribution from a SIMPLE IRA, you may have to include 25% of that amount on line 4 instead of 10% (see instructions).			
Pa	Additional Tax on Certain Distributions From Education Accounts Complete this part if you included an amount in income, on Form 1040 or Form 1040NR, education savings account (ESA) or a qualified tuition program (QTP).	line 2	1, from a Cove	rdell
		5		
5	Distributions included in income from Coverdell ESAs and QTPs	6		
6 7	Distributions included on line 5 that are not subject to the additional tax (see instructions) Amount subject to additional tax. Subtract line 6 from line 5	7	70,959	
8	Additional tax. Enter 10% (.10) of line 7. Include this amount on Form 1040, line 60, or Form 1040NR, line 55	8	7,100	
	Complete this part if you contributed more to your traditional IRAs for 2006 than is allow on line 17 of your 2005 Form 5329.	able o	r you had an a	mour
9	Enter your excess contributions from line 16 of your 2005 Form 5329 (see instructions). If zero, go to line 15	9		
10	If your traditional IRA contributions for 2006 are less than your maximum allowable contribution, see instructions. Otherwise, enter -0-			
11	2006 traditional IRA distributions included in income (see instructions)			
12	2006 distributions of prior year excess contributions (see instructions)			
13	Add lines 10, 11, and 12	13		
14	Prior year excess contributions. Subtract line 13 from line 9. If zero or less, enter -0	14		
15	Excess contributions for 2006 (see instructions)	15		
16	Total excess contributions. Add lines 14 and 15	16	201,082	
17	Additional tax. Enter 6% (.06) of the smaller of line 16 or the value of your traditional IRAs on December 31, 2006 (including 2006 contributions made in 2007). Include this amount on Form 1040, line 60, or Form 1040NR, line 55	17	9,182	
Pa	Additional Tax on Excess Contributions to Roth IRAs Complete this part if you contributed more to your Roth IRAs for 2006 than is allowable or 25 of your 2005 Form 5329.	you h	ad an amount (on line
18	Enter your excess contributions from line 24 of your 2005 Form 5329 (see instructions). If zero, go to line 23	18		
19	If your Roth IRA contributions for 2006 are less than your maximum			
	allowable contribution, see instructions. Otherwise, enter -0			
20	2006 distributions from your Roth IRAs (see instructions)			
21	Add lines 19 and 20	21		
22	Prior year excess contributions. Subtract line 21 from line 18. If zero or less, enter -0	22		
23	Excess contributions for 2006 (see instructions)	23		
24	Total excess contributions. Add lines 22 and 23	24	214,965	
25	Additional tax. Enter 6% (.06) of the smaller of line 24 or the value of your Roth IRAs on December 31, 2006 (including 2006 contributions made in 2007). Include this amount on Form 1040, line 60, or Form 1040NR, line 55	25	12,445	

Form	5329 (20	AMOUNTS OF SELECTED LINES I	FILED (IN THOUSA	NDS OF DOLLAR	RS)	,	Page 2
Par	rt V	Additional Tax on Excess Contributions to Co Complete this part if the contributions to your Cover- amount on line 33 of your 2005 Form 5329.		were more than	is allow	able or you h	nad an
26	Enter go to	the excess contributions from line 32 of your 2005 Fo			26		
27	If the c	contributions to your Coverdell ESAs for 2006 were less um allowable contribution, see instructions. Otherwise, e	than the				
28 29	2006	distributions from your Coverdell ESAs (see instructions nes 27 and 28	s) 28		29		
30 31	Exces		. If zero or less, en		30	*	
32 33	Additi Decen	excess contributions. Add lines 30 and 31	007). Include this a	verdell ESAs on mount on Form	32	*	
Par	t VI	Additional Tax on Excess Contributions to Are Complete this part if you or your employer contribute had an amount on line 41 of your 2005 Form 5329.	cher MSAs		06 than	is allowable	or you
34	Enter go to	the excess contributions from line 40 of your 2005 Folione 39	•	ictions). If zero,	34		
35	maxim	contributions to your Archer MSAs for 2006 are less tum allowable contribution, see instructions. Otherwise, experience of the contribution of the	enter -0- 35		_		
36 37	Add lin	distributions from your Archer MSAs from Form 8853, les 35 and 36			37		
38 39	-	ear excess contributions. Subtract line 37 from line 34 s contributions for 2006 (see instructions)	. If zero or less, en		38		
40					40	9,999	
41	Decen	onal tax. Enter 6% (.06) of the smaller of line 40 or to the 31, 2006 (including 2006 contributions made in 20 line 60, or Form 1040NR, line 55	007). Include this a	mount on Form	41	260	
Par	t VII	Additional Tax on Excess Contributions to He Complete this part if you, someone on your behalf, or allowable or you had an amount on line 49 of your 20	ealth Savings Acc your employer cor	counts (HSAs)	your HS	SAs for 2006	than is
42	Enter	he excess contributions from line 48 of your 2005 For		to line 47	42		
43	allowa	contributions to your HSAs for 2006 are less than the mble contribution, see instructions. Otherwise, enter -0-	43		_		
44 45		stributions from your HSAs from Form 8889, line 14	44		45		
46		ear excess contributions. Subtract line 45 from line 42	. If zero or less, en	 ter -0	46		
47		s contributions for 2006 (see instructions)			47		
48 49						127.006	
		excess contributions. Add lines 46 and 47			48	137,986	-
	Additio					137,986 4,523	
	Additio	excess contributions. Add lines 46 and 47	ur HSAs on December 3 ne 60, or Form 1040N ralified Retireme		48 49 ding IR	4,523 (As)	
Par	Addition 2006 cont VIII	excess contributions. Add lines 46 and 47 nal tax. Enter 6% (.06) of the smaller of line 48 or the value of you ontributions made in 2007). Include this amount on Form 1040, line Additional Tax on Excess Accumulation in Quantum Complete this part if you did not receive the minimum required distribution for 2006 (see instructions)	ur HSAs on December 3 ne 60, or Form 1040N ralified Retireme n required distributi	31, 2006 (including R, line 55 nt Plans (Inclu on from your qua	49 ding IR lified re	4,523 (As)	
Par 50 51	Additio 2006 co t VIII Minima Amoun	excess contributions. Add lines 46 and 47 nal tax. Enter 6% (.06) of the smaller of line 48 or the value of you ontributions made in 2007). Include this amount on Form 1040, line Additional Tax on Excess Accumulation in Quantum Complete this part if you did not receive the minimum required distribution for 2006 (see instructions) and actually distributed to you in 2006.	ur HSAs on December 3 ne 60, or Form 1040N ralified Retireme n required distributi	31, 2006 (including R, line 55	49 ding IR lified re	4,523 (As) tirement plan.	
50 51 52 53	Addition 2006 cont VIII Minimal Amount Subtrated Addition	excess contributions. Add lines 46 and 47 nal tax. Enter 6% (.06) of the smaller of line 48 or the value of you intributions made in 2007). Include this amount on Form 1040, line Additional Tax on Excess Accumulation in Quartic Complete this part if you did not receive the minimum required distribution for 2006 (see instructions) and actually distributed to you in 2006. ct line 51 from line 50. If zero or less, enter -0- nal tax. Enter 50% (.50) of line 52. Include this amount on Form	ur HSAs on December 3 ne 60, or Form 1040Ni nalified Retireme n required distribution	nt Plans (Including on from your qual on 1040NR, line 55	49 ding IR lified re	4,523 (As)	
50 51 52 53	Addition 2006 cont VIII Minimal Amount Subtrated Addition	excess contributions. Add lines 46 and 47 nal tax. Enter 6% (.06) of the smaller of line 48 or the value of you ontributions made in 2007). Include this amount on Form 1040, line Additional Tax on Excess Accumulation in Quantum Complete this part if you did not receive the minimum required distribution for 2006 (see instructions) and actually distributed to you in 2006. ct line 51 from line 50. If zero or less, enter -0- nal tax. Enter 50% (.50) of line 52. Include this amount on Form Complete only if you are filing this form by itsel	ur HSAs on December 3 ne 60, or Form 1040Nl required distribution of the control	B1, 2006 (including R, line 55	48 49 ding IR liffied re 50 51 52 53	4,523 (As) tirement plan. 34,756 18,495	
Par 50 51 52 53 Sigr	Addition 2006 cont VIII Minima Amount Subtra Additionature ase	excess contributions. Add lines 46 and 47 nal tax. Enter 6% (.06) of the smaller of line 48 or the value of you intributions made in 2007). Include this amount on Form 1040, line Additional Tax on Excess Accumulation in Quartic Complete this part if you did not receive the minimum required distribution for 2006 (see instructions) and actually distributed to you in 2006. ct line 51 from line 50. If zero or less, enter -0- nal tax. Enter 50% (.50) of line 52. Include this amount on Form	ur HSAs on December 3 ne 60, or Form 1040Nl ralified Retiremen required distribution 1040, line 60, or Form f and not with your lading accompanying sch	B1, 2006 (including R, line 55	48 49 ding IR liffied re 50 51 52 53	4,523 RAS) tirement plan. 34,756 18,495	wledge
50 51 52 53 Sign	Addition 2006 cont VIII Minima Amount Subtra Additionature ase	excess contributions. Add lines 46 and 47 nal tax. Enter 6% (.06) of the smaller of line 48 or the value of you intributions made in 2007). Include this amount on Form 1040, line Additional Tax on Excess Accumulation in Quartic Complete this part if you did not receive the minimum required distribution for 2006 (see instructions) and actually distributed to you in 2006. ct line 51 from line 50. If zero or less, enter -0- nal tax. Enter 50% (.50) of line 52. Include this amount on Form. Complete only if you are filing this form by itself. Under penalties of perjury, I declare that I have examined this form, incline 10.	ur HSAs on December 3 ne 60, or Form 1040Nl ralified Retiremen required distribution 1040, line 60, or Form f and not with your lading accompanying sch	B1, 2006 (including R, line 55	48 49 ding IR liffied re 50 51 52 53 s, and to ti	4,523 RAS) tirement plan. 34,756 18,495 the best of my knowarer has any know	wledge vledge.
Par 50 51 52 53 Sigr Plea Sigu Her	Addition 2006 cont VIII Minima Amount Subtrate Addition nature ase	excess contributions. Add lines 46 and 47 nal tax. Enter 6% (.06) of the smaller of line 48 or the value of you intributions made in 2007). Include this amount on Form 1040, line Additional Tax on Excess Accumulation in Quantum required distribution for 2006 (see instructions) and actually distributed to you in 2006. In al tax. Enter 50% (.50) of line 52. Include this amount on Form. Complete only if you are filing this form by itself. Under penalties of perjury, I declare that I have examined this form, inclained belief, it is true, correct, and complete. Declaration of preparer (other thanks).	ur HSAs on December 3 ne 60, or Form 1040Nl ralified Retiremen required distribution 1040, line 60, or Form f and not with your lading accompanying sch	nt Plans (Including R, line 55	48 49 ding IR liffied re 50 51 52 53 s, and to ti	4,523 RAS) tirement plan. 34,756 18,495	wledge vledge.
Par 50 51 52 53 Sigr Plea Sign Her	Addition 2006 cont VIII Minima Amount Subtrate Addition nature ase	excess contributions. Add lines 46 and 47 nal tax. Enter 6% (.06) of the smaller of line 48 or the value of you intributions made in 2007). Include this amount on Form 1040, line Additional Tax on Excess Accumulation in Quantum required distribution for 2006 (see instructions) and actually distributed to you in 2006. In al tax. Enter 50% (.50) of line 52. Include this amount on Form. Complete only if you are filing this form by itself. Under penalties of perjury, I declare that I have examined this form, inclained belief, it is true, correct, and complete. Declaration of preparer (other thanks).	ur HSAs on December 3 ne 60, or Form 1040Nl ralified Retiremen required distribution 1040, line 60, or Form 1040, line 60, or Form f and not with you luding accompanying scher than taxpayer) is based	nt Plans (Including R, line 55	48 49 ding IR liffied re 50 51 52 53 s, and to ti	4,523 RAS) tirement plan. 34,756 18,495 the best of my knowarer has any know	wledge vledge.

Form **5329** (2006)

AMOUNTS OF SELECTED LINES FILED (IN THOUSANDS OF DOLLARS)

Form **5695**

Residential Energy Credits

► See instructions.

► Attach to Form 1040 or Form 1040NR.

OMB No. 1545-0074

2006

Attachment
Sequence No. 158

Your social security number

Department of the Treasury Internal Revenue Service

Name(s) shown on return

Total Forms Filed = 4,361,437

Pa	rt I Nonbusiness Energy Property Credit (See instructions be	efore	completing this	part.)		
1	Were the qualified energy efficiency improvements or residential energy your main home located in the United States? (see instructions)				☐ Yes	☐ No
	Caution: If you checked the "No" box, you cannot claim the nonbusine Do not complete Part I.	ess ene	ergy property cre	dit.		
2	Qualified energy efficiency improvements (see instructions).					
а	Insulation material or system specifically and primarily designed to reduce heat loss or gain in your home	2a	2,492,433			
b	Exterior windows (including skylights). Do not enter more than \$2,000	2b	2,913,021			
c	Exterior doors	2c	1,848,345			
d	Metal roof with appropriate pigmented coatings that meet the Energy Star program requirements and is specifically and primarily designed to reduce heat gain in your home	2d	324,034			
3	Add lines 2a through 2d			. 3	7,577,83	3
4	Multiply line 3 by 10% (.10)			. 4	757,923	
	Residential energy property costs (see instructions). Energy-efficient building property. Do not enter more than \$300 Qualified natural gas, propane, or oil furnace or hot water boiler. Do	5а	196,513			
L	not enter more than \$150	5b	160,842			
C	Advanced main air circulating fan used in a natural gas, propane, or oil furnace. Do not enter more than \$50	5c	11,691			
6	Add lines 5a through 5c			. 6	369,047	,
7	Add lines 4 and 6			. 7	1,126,96	9
8	Enter the smaller of line 7 or \$500 (If you jointly occupied the home, s	ee inst	tructions)	. 8	968,526	i
9	Enter the amount from Form 1040, line 46, or Form 1040NR, line 43	9				
10	Enter the total, if any, of your credits from Form 1040, lines 47 through 51, or Form 1040NR, lines 44 through 46	10				
11	Subtract line 10 from line 9. If zero or less, stop . You cannot take the property credit	nonbu	siness energy	. 1	1	
12	Nonbusiness energy property credit. Enter the smaller of line 8 or line	ne 11		. 13	2 956,277	, <u> </u>

Form 5695 (2006)

AMOUNTS OF SELECTED LINES FILED (IN THOUSANDS OF DOLLARS)

Before you begin: Figure the amount of any of the following credits that you are claiming.

- Child tax credit
- Mortgage interest credit
- Adoption credit
- District of Columbia first-time homebuyer credit

Pa	Residential Energy Efficient Property Credit (See instructions before completing	g this	s part.)	
13	Qualified solar electric property costs			
14	Multiply line 13 by 30% (.30)			
15	Maximum credit amount			
16	Enter the smaller of line 14 or line 15	16	31,651	_
17	Qualified solar water heating property costs			
18	Multiply line 17 by 30% (.30)			
19	Maximum credit amount			
20	Enter the smaller of line 18 or line 19	20	20,926	lacksquare
21	Qualified fuel cell property costs			
22	Multiply line 21 by 30% (.30)			
23	Kilowatt capacity of property on line 21 above ► X \$1,000 23 597,774			
24	Enter the smaller of line 22 or line 23	24	733	
25	Add lines 16, 20, and 24	25	53,310	
26	Enter the amount from Form 1040, line 46, or Form 1040NR, line 43			
27	1040 filers: Enter the total, if any, of your credits from Form 1040, lines 47 through 51, 53, and 54, plus the amount, if any, from line 12 of this form. 1040NR filers: Enter the total, if any, of your credits from Form 1040NR, lines 44 through 46, 48, and 49, plus the amount, if any, from line 12 of this form.			
28	Subtract line 27 from line 26. If zero or less, enter -0- here and on line 29	28	56,648,799	
29	Residential energy efficient property credit. Enter the smaller of line 25 or line 28	29	42,985	
30	Credit carryforward to 2007. If line 29 is less than line 25, subtract line 29 from line 25			
Pa	rt III Current Year Residential Energy Credits			
31	Add lines 12 and 29. Enter here and on Form 10/10, line 52, or Form 10/10NR, line //7	31	999.262	

Page 2

(Rev. December 2006)

Department of the Treasury Internal Revenue Service

Name(s) shown on return

AMOUNTS OF SELECTED LINES FILED (IN THOUSANDS OF DOLLARS) **Work Opportunity Credit**

► Attach to your tax return.

OMB No. 1545-0219

Attachment Sequence No. 77 Identifying number

Total Forms Filed = 18.431 Enter on the applicable line below the total qualified first-year wages paid or incurred during the tax year, and multiply by the percentage shown, for services of employees who began work for you before the applicable date in the instructions and are certified (if required) as members of a targeted group. a Employees who worked for you at least 120 hours but fewer than 2,217 1a 13,574 1b 2 15,791 Add lines 1a and 1b. See instructions for the adjustment you must make for salaries and wages 100,203 3 Work opportunity credit from partnerships, S corporations, cooperatives, estates, and trusts 3 Add lines 2 and 3. Cooperatives, estates, and trusts, go to line 5; partnerships and S corporations, report this amount on Schedule K; all others, report this amount on the applicable line of Form 3800 (e.g., line 1b of the 2006 Form 3800) 4 115,924 Nondeductible credit = * Amount allocated to the patrons of the cooperative or the beneficiaries of the estate or trust 5 Cooperatives, estates, and trusts, subtract line 5 from line 4. Report the amount on the applicable line of Form 3800 (e.g., line 1b of the 2006 Form 3800) 6

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

What's New

The Tax Relief and Health Care Act of 2006 extended the work opportunity credit to cover employees who begin work for the employer before January 1, 2008.

For employees who begin work for the employer after December 31, 2006, the act also expanded the definition of a targeted group employee, and increased the timeframe for submitting Form 8850. For more information on these changes, see Publication 553, Highlights of 2006 Tax Changes.

The tax liability limit is no longer figured on this form; instead, it must be figured on Form 3800, General Business Credit.

Taxpayers that are not partnerships, S corporations, cooperatives, estates, or trusts, and whose only source of this credit is from those pass-through entities, are not required to complete or file this form. Instead, they can report this credit directly on line 1b of Form 3800.

The IRS will revise this December 2006 version of the form only when necessary. Continue to use this version for tax years beginning after 2005 until a new revision is issued.

Purpose of Form

Use Form 5884 to claim the work opportunity credit for qualified first-year wages you paid to or incurred for targeted group employees during the tax year. Your business does not have to be located in an empowerment zone, enterprise community, or renewal community to qualify for this credit.

You can claim or elect not to claim the work opportunity credit any time within 3 years from the due date of your return on either your original return or an amended return.

How To Claim the Credit

Generally, you must request and be issued a certification for each employee from the state employment security agency (SESA). The certification proves that the employee is a member of a targeted group. You must receive the certification by the day the individual begins work or complete Form 8850, Pre-Screening Notice and Certification Request for the Work Opportunity Credit, on or before the day you offer the individual a job.

If you complete Form 8850, it must be signed by you and the individual and submitted to the SESA by the 21st calendar day after the individual begins work (the 28th day if the employee begins work after December 31, 2006). If the SESA denies the request, it will provide a written explanation of the reason for denial. If a certification is revoked because it was based on false information provided by the worker, wages paid after the date you receive the notice of revocation do not qualify for the credit.

Hurricane Katrina employee. A Hurricane Katrina employee is an employee who had a main home in the core disaster area on August 28, 2005, and, within a two-year period beginning on that date, was hired for a job whose principal place of employment is in the core disaster area. The certification requirements described above do not apply to Hurricane Katrina employees. Instead, the worker must show the employer reasonable evidence that the worker is a Hurricane Katrina employee. An employer may use Form 8850 to accept reasonable evidence that the worker is a Hurricane Katrina employee. If the employer discovers that the worker is not a Hurricane Katrina employee, wages paid after the date of discovery will not qualify for the credit.

AMOUNTS OF SELECTED LINES FILED (IN THOUSANDS OF DOLLARS)

Form **5884-A**

(October 2006) Department of the Treasury Internal Revenue Service

Credits for Employers Affected by Hurricane Katrina, Rita, or Wilma

► Attach to your tax return.

OMB No. 1545-1978

Attachment Sequence No. **77A**

Identifying number Name(s) shown on return Total Forms Filed = 6.260 SECTION A. Employee Retention Credit (see instructions) 1a Employers affected by Hurricane Katrina, enter the total qualified wages paid or incurred after August 28, 2005, and 13.554 1a before January 1, 2006, while the business was inoperable. . . **b** Employers affected by Hurricane Rita, enter the total qualified wages paid or incurred after September 23, 2005, and before 1b January 1, 2006, while the business was inoperable c Employers affected by Hurricane Wilma, enter the total qualified wages paid or incurred after October 23, 2005, and before 0 January 1, 2006, while the business was inoperable 1c 13,560 d Add amounts from lines 1a, 1b, and 1c Enter 40% of line 1d. You must subtract this amount from your deduction for salaries 5,424 2 Employee retention credit from partnerships, S corporations, cooperatives, estates, 38,939 3 and trusts Current year credit. Add lines 2 and 3. Report this amount on the applicable line of Form 3800. If you have a credit from Section B, see instructions. S corporations, partnerships, estates, trusts, cooperatives, regulated investment companies, and real 44.363 SECTION B. Hurricane Katrina Housing Credit (see instructions) Enter the value (up to \$600 per month per employee) of qualified lodging furnished in-kind to qualified employees during the tax year from January 1, 2006, through July 1, 5 39 Enter 30% of line 5. You **must** subtract this amount from your deduction for salaries and 6 Hurricane Katrina housing credit from partnerships, S corporations, cooperatives, 1,154 7 Current year credit. Add lines 6 and 7. Report this amount on the applicable line of Form 3800. If you have a credit from Section A, see instructions. S corporations,

For Paperwork Reduction Act Notice, see page 4.

Cat. No. 47425B

Form **5884-A** (10-2006)

1,165

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partnerships, estates, trusts, cooperatives, regulated investment companies, and real estate investment trusts, see instructions

^{*} Entry for this line is greater than zero, but too small to report

Form **6198**

AMOUNTS OF SELECTED LINES FILED (IN THOUSANDS OF DOLLARS)

At-Risk Limitations

► Attach to your tax return.

► See separate instructions.

OMB No. 1545-0712

206

Attachment
Sequence No. 31

Department of the Treasury Internal Revenue Service

Name(s) shown on return

Description of activity (see page 2 of the instructions)

Total Forms Filed = 402.575

Identifying number

Part I Current Year Profit (Loss) From the Activity, Including Prior Year Nondeductible Amounts (see page 2 of the instructions). Ordinary income (loss) from the activity (see page 2 of the instructions) 1 1 Gain (loss) from the sale or other disposition of assets used in the activity (or of your interest in the activity) that you are reporting on: 2a a Schedule D 2b **b** Form 4797 2c Other income and gains from the activity, from Schedule K-1 of Form 1065, Form 1065-B, or 3 Form 1120S, that were not included on lines 1 through 2c Other deductions and losses from the activity, including investment interest expense allowed 4 from Form 4952, that were not included on lines 1 through 2c Current year profit (loss) from the activity. Combine lines 1 through 4. See page 3 of the instructions before completing the rest of this form 5 -46.956.003 Simplified Computation of Amount At Risk. See page 3 of the instructions before completing this part. Adjusted basis (as defined in section 1011) in the activity (or in your interest in the activity) on 6 7 7 Increases for the tax year (see page 3 of the instructions) 8 Add lines 6 and 7 9 Decreases for the tax year (see page 4 of the instructions) . . . If line 10a is more than zero, enter that amount here and go to line 20 (or complete Part III). Otherwise, enter -0- and see Pub. 925 for information on the recapture rules 10b Part III Detailed Computation of Amount At Risk. If you completed Part III of Form 6198 for 2005, see page 4 of the instructions. Investment in the activity (or in your interest in the activity) at the effective date. Do not enter 11 12 12 Increases at effective date 13 13 Add lines 11 and 12 14 Decreases at effective date 14 Amount at risk (check box that applies): 15 **a** At effective date. Subtract line 14 from line 13. **Do not** enter less than zero. **b** From 2005 Form 6198, line 19b. **Do not** enter the amount from line 10b of the 2005 form. 16 Increases since (check box that applies): a ☐ Effective date b ☐ The end of your 2005 tax year 16 17 Add lines 15 and 16 Decreases since (check box that applies): 18 **a** ☐ Effective date **b** ☐ The end of your 2005 tax year . . If line 19a is more than zero, enter that amount here and go to line 20. Otherwise, enter -0- and 19b Part IV Deductible Loss 20 53,087,137 Deductible loss. Enter the smaller of the line 5 loss (treated as a positive number) or line 20. (12,501,033 See page 7 of the instructions to find out how to report any deductible loss and any carryover. Note: If the loss is from a passive activity, see the Instructions for Form 8582, Passive Activity Loss Limitations, or the Instructions for Form 8810, Corporate Passive Activity Loss and Credit Limitations, to find out if the loss is allowed under the passive activity rules.

applies.

If only part of the loss is subject to the passive activity loss rules, report only that part on Form 8582 or Form 8810, whichever

AMOUNTS OF SELECTED LINES FILED (IN THOUSANDS OF DOLLARS)

6251

Alternative Minimum Tax—Individuals

See separate instructions.

OMB No. 1545-0074 Attachment

Department of the Treasury Sequence No. 32 ► Attach to Form 1040 or Form 1040NR. Internal Revenue Service Name(s) shown on Form 1040 or Form 1040NR Your social security number Total Forms Filed = 8,683,021 Alternative Minimum Taxable Income (See instructions for how to complete each line.) Part I If filing Schedule A (Form 1040), enter the amount from Form 1040, line 41 (minus any amount on Form 8914, line 6), and go to line 2. Otherwise, enter the amount from Form 1040, line 38 (minus any amount 1 1,978,427,355 on Form 8914, line 6), and go to line 7. (If less than zero, enter as a negative amount.) 2 1,556,771 2 Medical and dental. Enter the smaller of Schedule A (Form 1040), line 4, or 2½% of Form 1040, line 38 171,510,304 795,214 4 Enter the home mortgage interest adjustment, if any, from line 6 of the worksheet on page 2 of the instructions 24,562,162 5 If Form 1040, line 38, is over \$150,500 (over \$75,250 if married filing separately), enter the amount from (26,147,593 line 11 of the Itemized Deductions Worksheet on page A-7 of the instructions for Schedule A (Form 1040) 7 (7,456,684 7 8 -82,511 Investment interest expense (difference between regular tax and AMT) 9 424,675 9 Depletion (difference between regular tax and AMT) 34.664.221 10 10 Net operating loss deduction from Form 1040, line 21. Enter as a positive amount 11 2,231,935 Interest from specified private activity bonds exempt from the regular tax 11 12 81,549 12 Qualified small business stock (7% of gain excluded under section 1202) 13 1,930,997 13 Exercise of incentive stock options (excess of AMT income over regular tax income) 1,140,457 14 14 Estates and trusts (amount from Schedule K-1 (Form 1041), box 12, code A) 15 1,365 Electing large partnerships (amount from Schedule K-1 (Form 1065-B), box 6) 15 -5,737,441 16 Disposition of property (difference between AMT and regular tax gain or loss) . . . 16 17 824,118 17 Depreciation on assets placed in service after 1986 (difference between regular tax and AMT) 941,179 18 Passive activities (difference between AMT and regular tax income or loss) 18 324,338 19 19 Loss limitations (difference between AMT and regular tax income or loss) 20 5.208 20 Circulation costs (difference between regular tax and AMT) -37,70721 21 Long-term contracts (difference between AMT and regular tax income) 73.833 22 22 102,335 Research and experimental costs (difference between regular tax and AMT) . . . 23 23 13,658 24 24 246,400 25 25 135.637 26 26 Other adjustments, including income-based related adjustments 9,789,390 27 Alternative minimum taxable income. Combine lines 1 through 27. (If married filing separately and line 2,171,427,757 Part II **Alternative Minimum Tax** Exemption. (If this form is for a child under age 18, see page 7 of the instructions.) IF your filing status is . . . AND line 28 is not over... THEN enter on line 29... Single or head of household \$112,500 \$42,500 Married filing jointly or qualifying widow(er) 150,000 62,550 360,112,303 29 Married filing separately 75.000 31.275 If line 28 is over the amount shown above for your filing status, see page 7 of the instructions. Subtract line 29 from line 28. If more than zero or you are filing Form 2555 or 2555-EZ, go to line 31. If zero or 1,876,378,738 less and you are not filing Form 2555 or 2555-EZ, enter -0- on lines 33 and 35 and skip the rest of Part II • If you are filing Form 2555 or 2555-EZ, see page 8 of the instructions for the amount to enter. • If you reported capital gain distributions directly on Form 1040, line 13; you reported gualified dividends on Form 1040, line 9b; or you had a gain on both lines 15 and 16 of Schedule D (Form 1040) (as refigured 431,727,011 31 for the AMT, if necessary), complete Part III on the back and enter the amount from line 55 here. • All others: If line 30 is \$175,000 or less (\$87,500 or less if married filing separately), multiply line 30 by 26% (.26). Otherwise, multiply line 30 by 28% (.28) and subtract \$3,500 (\$1,750 if married filing separately) from the result. 9,500,972 32 32 Alternative minimum tax foreign tax credit (see page 8 of the instructions) 422,289,983 Tax from Form 1040, line 44 (minus any tax from Form 4972 and any foreign tax credit from Form 1040, line 47). If you used Schedule J to figure your tax, the amount for line 44 of Form 1040 must be refigured 34 428,798,317 Alternative minimum tax. Subtract line 34 from line 33. If zero or less, enter -0-. Enter here and on 21,563,717

35

Form 1040, line 45

Form 6251 (2006) Page **2**

Part III Tax Computation Using Maximum Capital Gains Rates

36	Enter the amount from Form 6251, line 30				36		
37	Enter the amount from line 6 of the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Form 1040, line 44, or the amount from line 13 of the Schedule D Tax Worksheet on page D-10 of the instructions for Schedule D (Form 1040), whichever applies (as refigured for the AMT, if necessary) (see page 10 of the instructions)	37	645,194,122				
38	Enter the amount from Schedule D (Form 1040), line 19 (as refigured for the AMT, if necessary) (see page 10 of the instructions)	38	18,654,089				
39	If you did not complete a Schedule D Tax Worksheet for the regular tax or the AMT, enter the amount from line 37. Otherwise, add lines 37 and 38, and enter the smaller of that result or the amount from line 10 of the Schedule D Tax Worksheet (as refigured for the AMT, if necessary)	39	664,577,415				
40	Enter the smaller of line 36 or line 39				40		
41	Subtract line 40 from line 36				41		
42	If line 41 is \$175,000 or less (\$87,500 or less if married filing separately), multi Otherwise, multiply line 41 by 28% (.28) and subtract \$3,500 (\$1,750 if married fresult		•	' '	42	273,672,197	
43	Enter: • \$61,300 if married filing jointly or qualifying widow(er), • \$30,650 if single or married filing separately, or • \$41,050 if head of household.	43					
44	Enter the amount from line 7 of the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Form 1040, line 44, or the amount from line 14 of the Schedule D Tax Worksheet on page D-10 of the instructions for Schedule D (Form 1040), whichever applies (as figured for the regular tax). If you did not complete either worksheet for the regular tax, enter -0	44					
45	Subtract line 44 from line 43. If zero or less, enter -0	45		-			
46	Enter the smaller of line 36 or line 37	46		-			
47	Enter the smaller of line 45 or line 46	47					
48	Multiply line 47 by 5% (.05)			. •	48	735,542	
49	Subtract line 47 from line 46	49					
50	Multiply line 49 by 15% (.15)			. ▶	50	89,070,084	
	If line 38 is zero or blank, skip lines 51 and 52 and go to line 53. Otherwise	e, go	to line 51.				
51	Subtract line 46 from line 40	51					
52	Multiply line 51 by 25% (.25)			. ▶	52	3,552,801	
53	Add lines 42, 48, 50, and 52				53		
54	If line 36 is \$175,000 or less (\$87,500 or less if married filing separately), multi Otherwise, multiply line 36 by 28% (.28) and subtract \$3,500 (\$1,750 if married fresult	filing s	separately) from	the	54	446,323,000	
55	Enter the smaller of line 53 or line 54 here and on line 31				55		

AMOUNTS OF SELECTED LINES FILED (IN THOUSANDS OF DOLLARS)

Installment Sale Income

► Attach to your tax return.

▶ Use a separate form for each sale or other disposition of

OMB No. 1545-0228

Department of the Treasury Sequence No. 79 property on the installment method. Internal Revenue Service Identifying number Name(s) shown on return Total Forms Filed = 888.811 Description of property ▶ 2a Date acquired (month, day, year) ► ______ b Date sold (month, day, year) ► ____ ☐ No Was the property you sold to a related party a marketable security? If "Yes," complete Part III. If "No," Part I Gross Profit and Contract Price. Complete this part for the year of sale only. 72,111,757 5 Selling price including mortgages and other debts. Do not include interest whether stated or unstated Mortgages, debts, and other liabilities the buyer assumed or took 6 the property subject to (see instructions) 7 7 8 8 Cost or other basis of property sold 9 10 10 Adjusted basis. Subtract line 9 from line 8 11 11 Commissions and other expenses of sale 12 Income recapture from Form 4797, Part III (see instructions) . . . 12 19.843.887 13 13 52,267,870 14 14 Subtract line 13 from line 5. If zero or less, **do not** complete the rest of this form (see instructions) If the property described on line 1 above was your main home, enter the amount of your excluded 15 509,609 15 16 51,780,555 16 169,321 17 17 70,522,127 Contract price. Add line 7 and line 17 18 18 Installment Sale Income. Complete this part for the year of sale and any year you receive a payment or Part II have certain debts you must treat as a payment on installment obligations. 19 19 Gross profit percentage. Divide line 16 by line 18. For years after the year of sale, see instructions 20 20 If this is the year of sale, enter the amount from line 17. Otherwise, enter -0-73,430,953 21 Payments received during year (see instructions). Do not include interest, whether stated or unstated 21 73,600,274 22 22 23 Payments received in prior years (see instructions). **Do not** include 42.226.098 24 24 25 334.978 Enter the part of line 24 that is ordinary income under the recapture rules (see instructions). 41,891,120 Subtract line 25 from line 24. Enter here and on Schedule D or Form 4797 (see instructions) 26 Related Party Installment Sale Income. Do not complete if you received the final payment this tax year. Part III Name, address, and taxpayer identifying number of related party If the answer to question 28 is "Yes," complete lines 30 through 37 below unless one of the following conditions is met. Check the box that applies. a

The second disposition was more than 2 years after the first disposition (other than dispositions of marketable securities). If this box is checked, enter the date of disposition (month, day, year) **b** The first disposition was a sale or exchange of stock to the issuing corporation. c The second disposition was an involuntary conversion and the threat of conversion occurred after the first disposition. **d** The second disposition occurred after the death of the original seller or buyer. e 🔲 It can be established to the satisfaction of the Internal Revenue Service that tax avoidance was not a principal purpose for either of the dispositions. If this box is checked, attach an explanation (see instructions). 30 Selling price of property sold by related party (see instructions) 30 31 31 32 32 33 Total payments received by the end of your 2006 tax year (see instructions) 33 34 35 40,601 Multiply line 34 by the gross profit percentage on line 19 for year of first sale

Enter the part of line 35 that is ordinary income under the recapture rules (see instructions).

Subtract line 36 from line 35. Enter here and on Schedule D or Form 4797 (see instructions)

35

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20,008

36

37

6781

AMOUNTS OF SELECTED LINES FILED (IN THOUSANDS OF DOLLARS) **Gains and Losses From Section 1256 Contracts and Straddles**

► Attach to your tax return.

OMB No. 1545-0644 Attachment

Department of the Treasury Sequence No. 82 Internal Revenue Service

ivalle	(S) SHOWH OH tax return	Tota	I Forms	Filed = 289,4	40				"	GIILI	nying number					
Chec	k all applicable boxes (see instr						C	Mixed stra	addle a	acc	count election					
		ŕ	B Stra	ddle-by-straddle id		ction	D	Net section	n 125	6 c	ontracts loss elec	ction				
Par	t I Section 1256 Co	ntracts	Marked	to Market												
	(a) Identification of	of accoun	t					(b) (Loss	s)		(c) Gain					
1									i		İ					
2	Add the amounts on line 1 in	columns (l	n) and (c)			2	(-)						
3	Net gain or (loss). Combine lir	,	, , ,						3		6,158,690					
4	Form 1099-B adjustments. Se										-1,575					
5	Combine lines 3 and 4								5		6,157,116					
	Note: If line 5 shows a net gair instructions.															
6	If you have a net section 125	6 contract	s loss and	checked box D	above, enter	the amo	ount	of loss to be			į					
	carried back. Enter the loss as								6		118,865					
											i					
7	Combine lines 5 and 6								7	4	6,275,981					
8	Short-term capital gain or (I line of Schedule D (see instruc	•	. ,	• ,					8		2,510,399					
9	Long-term capital gain or (lo															
	line of Schedule D (see instruc	ctions)	<u></u>						9		3,765,584					
	t II Gains and Losse			es. Attach a se	eparate sche	dule lis	ting	each stradd	le and	d it	s components.					
Sec	tion A—Losses From S	traddles	}	T												
	(a) Description of property	(b) Date entered into or acquired	(c) Date closed out or sold	(d) Gross sales price		(f) Loss If column is more the (d), enter difference Otherwise enter -0	(e) han er e. se,	n Unrecognized gain on offsetting		Unrecognized gain on offsetting		(e) (g) an Unrecogniz r gain on e. offsetting e, positions			(h) Recognized Ic If column (f) is me than (g), enter difference. Otherwise, enter	ore
10																
11a	Enter the short-term portion of Schedule D (see instructions)								118	a ((32,602)				
b	Enter the long-term portion of															
	Schedule D (see instructions)		<u></u>						11k)	(2,815)				
Sec	tion B—Gains From Str	addles														
	(a) Description of property	(b) Date entered into or acquired	(c) Date closed out or sold	(d) G sales			bas	cost or other asis plus ense of sale		((f) Gain. If column d) is more than (e), enter difference. Otherwise, enter -0-					
12																
								!								
13a	Enter the short-term portion of Schedule D (see instructions)		om line 12,	column (f), here	and include	on the a	ippro	priate line of	13a	<u>. </u>	284,997					
b	Enter the long-term portion o Schedule D (see instructions)	f gains fro							13k		169,756					
Par	t III Unrecognized G	ains Fro	m Positi	ons Held on	Last Day	of Tax	Ye	ar. Memo En	try O	nly	(see instruction	าร)				
	(a) Description of property		(b) Datacquire		(c) Fair market value on last business day of tax year					ľ	e) Unrecognized ga If column (c) is mon nan (d), enter differe Otherwise, enter -(re nce.				
14																

172

2006 ESTIMATED DATA LINE COUNTS - (ALL FIGURES ARE ESTIMATES BASED ON SAMPLES) AMOUNTS OF SELECTED LINES FILED (IN THOUSANDS OF DOLLARS)

Noncash Charitable Contributions

(Rev. December 2006)

▶ Attach to your tax return if you claimed a total deduction of over \$500 for all contributed property.

▶ See separate instructions.

OMB No. 1545-0908

Attachment Sequence No. 155

Name(s) shown on your income tax return

Department of the Treasury Internal Revenue Service

Total Forms Filed = 6,148,798

Identifying number

	traded securities	e avan if the dec				a deduction	n of	urities—List in this se \$5,000 or less. Also, instructions).						
t i iiioiiiiati	on on Donated						`	,						
(a) Name and address of the						(b) Description of donated property (For a donated vehicle, enter the year, make, model, condition, and mileage, and attach Form 1098-C if required.)								
If the amount you	ı claimed as a ded	uction for an item	is \$500 d	or le	ss, yo	u do not hav	e to	complete columns (d), (e)	and (1	f).				
(c) Date of the contribution	(d) Date acquired by donor (mo., yr.)	(e) How acquired by donor												
			35,965,6	624		37,457,753								
entire inte	erest in a proper on listed in Part	ty listed in Part I; also attach th	I. Comp e requir	ed :	e line state	es 3a throug ment (see i	gh 3d nstru	c if conditions were pl ctions).						
Total amount clair	med as a deduction	on for the property	y listed ir	n Pa			-			<u> </u>				
			y such c	ontr	-			-	/ if diff	ferent				
Name of charitable org	ganization (donee)													
Address (number, stree	et, and room or suite n	o.)												
City or town, state, and	d ZIP code													
									Yes	No				
Did you give to an organization in co- the property, inclu- to designate the p	nyone (other than operative fundraisi uding the right to v person having such	the donee organizing) the right to the ote donated secun income, possess	zation or e income rities, to sion, or ri	ano fron acq ght t	ther controller the the the the the the the the the the	organization donated property be quire?	oartic perty by pui	ipating with the donee or to the possession of rchase or otherwise, or						
	If the amount you (c) Date of the contribution Partial In entire interpretation of the contribution Enter the letter from the letter from the done of the contribution of the contribution of the contribution of the property? Is there a restrict property? Did you give to an organization in contribution of the property, included the property, included the property of the contribution of the property, included the property of the property, included the property of the prop	(a) Name and address donee organization (b) Date of the contribution (c) Date acquired by donor (mo., yr.) Partial Interests and Research entire interest in a proper contribution listed in Part Enter the letter from Part I that iden If Part II applies to more than one part I that iden If Part II applies to more than one part I that iden If Part II applies to more than one part I that iden If Part II applies to more than one part I that iden If Part II applies to more than one part I that iden If Part II applies to more than one part I that iden If Part II applies to more than one part I that iden If Part II applies to more than one part I that iden If Part II applies to more than one part I that iden If Part II applies to more than one part I that iden If Part II applies to more than one part I that iden If Part II applies to more than one part I that iden I that I tha	(a) Name and address of the donee organization If the amount you claimed as a deduction for an item (c) Date of the contribution (d) Date acquired by donor (mo., yr.) Partial Interests and Restricted Use Prentire interest in a property listed in Part contribution listed in Part I; also attach the Enter the letter from Part I that identifies the property If Part II applies to more than one property, attach a Total amount claimed as a deduction for the property Name and address of each organization to which an from the donee organization (donee) Address (number, street, and room or suite no.) City or town, state, and ZIP code For tangible property, enter the place where the property or town, state, and zIP code Is there a restriction, either temporary or permanent property? Did you give to anyone (other than the donee organization in cooperative fundraising) the right to the property, including the right to vote donated secuto designate the person having such income, possess	(a) Name and address of the donee organization If the amount you claimed as a deduction for an item is \$500 or (c) Date of the contribution (d) Date acquired by donor (mo., yr.) (e) How acquired by donor or adjusting adjusting to the contribution (f) Date acquired by donor (mo., yr.) (g) How acquired entire interest in a property listed in Part I. Compare contribution listed in Part I; also attach the required for Part II applies to more than one property, attach a separate Total amount claimed as a deduction for the property listed in Name and address of each organization to which any such confrom the donee organization (donee) Address (number, street, and room or suite no.) City or town, state, and ZIP code For tangible property, enter the place where the property is lown that the donee organization, having the right to the income organization in cooperative fundraising) the right to the income the property, including the right to vote donated securities, to to designate the person having such income, possession, or right in the donee, rganization or organization the property, including the right to vote donated securities, to to designate the person having such income, possession, or right in the donee organization or organization to designate the person having such income, possession, or right in the donee organization.	(a) Name and address of the donee organization (b) Date of the contribution (c) Date acquired by donor (mo., yr.) (c) Date of the contribution (d) Date acquired by donor (mo., yr.) (e) How acquired or adjusted by donor or adjusted by donor (mo., yr.) (f) Donor's contribution (g) Date acquired by donor (mo., yr.) (g) Date of the contribution (g) Donor's (mo., yr.) (h) Donor's (mo., yr.) (h) Wo donor (mo., yr.) (h) Wo donor (mo., yr.) (h) Wo donor (mo., yr.) (h) Wo donor (mo., yr.) (h) Wo donor (mo., yr.) (h) Wo donor (mo., yr.) (h) Wo donor (mo., yr.) (h) How acquired (f) Donor's (mo., yr.) (h) Donor's (mo., yr.) (h) Donor's (mo., yr.) (h) Wo donor or adjusted by donor or adjusted by donor or dentire interest in a property listed in Part I. Complete contribution listed in Part I; also attach the required standard amount claimed as a deduction for the property listed in Part II applies to more than one property, attach a separate standard amount claimed as a deduction for the property listed in Part II applies to more than one property, attach a separate standard amount claimed as a deduction for the property listed in Part II applies to more than one property, attach a separate standard amount claimed as a deduction for the property listed in Part II and the done organization to which any such contribution the done organization done) Name and address of each organization to which any such contribution the done organization (done) Address (number, street, and room or suite no.) (it) or town, state, and ZIP code For tangible property, enter the place where the property is located Name of any person, other than the donee organization, having a list there a restriction, either temporary or permanent, on the don property? (it) Organization in cooperative fundraising) the right to the income from the property, including the right to vote donated securities, to acquite designate the person having such income, possession, or right in the property is located to the property is located to the propert	(a) Name and address of the donee organization (b) Date of the contribution (c) Date of the contribution (d) Date acquired by donor (mo., yr.) (e) How acquired contribution (f) Donor's cost or adjusted basis 35,965,624 (g) How acquired by donor (mo., yr.) (h) How acquired contribution (h) Donor's cost or adjusted basis 35,965,624 (h) How acquired by donor (mo., yr.) (h) How acquired or adjusted basis (h) Donor's cost or adjusted basis (h) Donor's cost or adjusted basis (h) How acquired for adjusted basis (h) Donor's cost or adjusted basis (h) How acquired for adjusted basis (h	(a) Name and address of the donee organization (b) I (For a donated vehicle, e and size the donee organization) (b) Date of the donee organization for an item is \$500 or less, you do not have the contribution organization for an item is \$500 or less, you do not have the contribution organization for an item is \$500 or less, you do not have the contribution organization for adjusted basis (g) Fair market (see instruction) (c) Date of the dol Date acquired by donor or adjusted basis (g) Fair market (see instruction) (a) Date of the contribution is property (is led in Part I. Complete lines 2a antire interest in a property listed in Part I. Complete lines 3a throug contribution listed in Part I; also attach the required statement (see in Enter the letter from Part I that identifies the property for which you gave less than If Part II applies to more than one property, attach a separate statement. Total amount claimed as a deduction for the property listed in Part I: (1) For this is (2) For any IN Name and address of each organization to which any such contribution was made from the donee organization above): Name of charitable organization (donee) Address (number, street, and room or suite no.) City or town, state, and ZIP code For tangible property, enter the place where the property is located or kept Address (number, street, and room or suite no.) City or town, state, and ZIP code For tangible property, enter the place where the property is located or kept Name of any person, other than the donee organization or another organization organization in cooperative fundraising) the right to the income from the donaet deproy the property; including the right to vote donated securities, to acquire? Total amount claimed as a deduction for the property is designate the person having such income, possession, or right to acquire?	(a) Name and address of the donee organization (b) Descrip (For a donated vehicle, enter the donee organization (c) Date of the contribution (d) Date acquired by donor (mo., yr.) (e) How acquired by donor (mo., yr.) (e) How acquired by donor (mo., yr.) (f) Donor's cost (g) Fair market value (see instructions) (g) F	(a) Name and address of the donee organization (b) Description of donated property (For a donated vehicle, enter the year, make, model, condition, and attach Form 1098-C if required.) If the amount you claimed as a deduction for an item is \$500 or less, you do not have to complete columns (d), (e) (e) Date of the contribution (d) Date acquired by donor (mo., yr.) (e) Date of the contribution (g) Par market value (h) Method used to determine the fair market value (see instructions) (g) Fair market value (h) Method used to determine the fair market value (see instructions) (g) Fair market value (h) Method used to determine the fair market value (see instructions) (g) Fair market value (h) Method used to determine the fair market value (see instructions) (g) Fair market value (h) Method used to determine the fair market value (see instructions) (g) Fair market value (h) Method used to determine the fair market value (see instructions) (g) Fair market value (h) Method used to determine the fair market value (see instructions) Enter the letter from Part I that identifies the property For which you gave less than an entire interest Form of the letter from Part I that identifies the property for which you gave less than an entire interest Form of the letter from Part I that identifies the property for which you gave less than an entire interest Form of the letter from than one property, attach a separate statement. Total amount claimed as a deduction for the property listed in Part I: (1) For this tax year (2) For any prior tax years Form of the donee organization above): Name and address of each organization to which any such contribution was made in a prior year (complete only from the donee organization (donee) Address (number, street, and room or suite no.) City or town, state, and ZIP code For tangible property, enter the place where the property is located or kept Form of the donee organization, donee organization, having actual possession of the property Form of the doneed organization, either	(a) Name and address of the donee organization (b) Description of donated property in the donee organization (c) Date of the contribution is a deduction for an item is \$500 or less, you do not have to complete columns (d), (e), and mile the form 1096-C if required.) (d) Date acquired by donor (mo., yr.) (e) How acquired or adjusted basis (see instructions) (h) Method used to determine the fair market value (see instructions) (h) Method used to determine the fair market value (see instructions) (h) Method used to determine the fair market value (see instructions) (h) Method used to determine the fair market value (see instructions) (h) Method used to determine the fair market value (see instructions) (h) Method used to determine the fair market value (see instructions) (h) Method used to determine the fair market value (see instructions) (h) Method used to determine the fair market value (see instructions) (h) Method used to determine the fair market value (see instructions) (h) Method used to determine the fair market value (see instructions) (h) Method used to determine the fair market value (see instructions) (h) Method used to determine the fair market value (see instructions) (h) Method used to determine the fair market value (see instructions) (h) Method used to determine the fair market value (see instructions) (h) Method used to determine the fair market value (see instructions) (h) Method used to determine the fair market value (see instructions) (h) Method used to determine the fair market value (see instructions) (h) Method used to determine the fair market value (see instructions) (h) Method used to determine the fair market value (see instructions) (h) Method used to determine the fair market value (see instructions) (h) Method used to determine the fair market value (see instructions) (h) Method used to descript the fair to value fair the fair the value fair the value fair market value (see instructions) (h) Method used to determine the see instructions (see instructions)				

Cat. No. 62299J

	e(s) shown on your i								Identifying number		
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Sec	items)	for which you claim	ned a deduction	on of more t	than \$5,0	000 per item or gr	 List in this section roup (except contrib perty listed in Section 	utions	of certain publicly		
Pa	rt I Inform	mation on Dona	ated Prope	e rty— To b	e com	pleted by the	taxpayer and/or	the a	opraiser.		
4	Art* (contrib	that describes the ty ution of \$20,000 or ution of less than \$ *	more)		ther Rea	Conservation Con Il Estate Il Property	tribution		Equipment Securities Other		
	ncludes paintings, so r similar objects.	culptures, watercolors,	prints, drawings	, ceramics, an	tiques, de	corative arts, textiles	s, carpets, silver, rare ma	ınuscript	ts, historical memorab	ilia, and	
	•	ns, stamps, books, ge	ms, jewelry, spo	rts memorabi	lia, dolls,	etc., but not art as o	defined above.				
Note	e. In certain cases	, you must attach a	qualified app	raisal of the	property	y. See instructions	S.				
5		of donated property (if attach a separate stat					e a brief summary of the at the time of the gift		(c) Appraised f market value		
<u>A</u>									15 144 001	-	
B C									15,144,901	_	
D										_	
	(d) Date acquired	(e) How acquired	(f) Donor's	s cost or	(g) For	bargain sales, enter	(la) Amagunt alaimaad		nstructions		
	by donor (mo., yr.)	by donor	adjusted	d basis	an	nount received	(h) Amount claimed deduction	as a	(i) Average trading of securities	T ===	
B			3,911,05	5.5	1.0	64.625	6,734,778		193,998		
С			3,911,00	55	1,0	04,023	0,734,770		195,996	+	
D											
(per	item). Enter identi	fying letter from Pa				,			ue of not more tha	n \$500 ———	
_	nature of taxpayer ort III Decla	(donor) ► aration of Appr	aiser				Di	ate 🕨			
l dec marr appr	lare that I am not the ied to any person wh aisals during my tax y	donor, the donee, a pa o is related to any of th year for other persons.	e foregoing pers	sons. And, if re	egularly us	ed by the donor, dor	ty, employed by, or relate, or party to the trans	action, I	performed the majori	ty of my	
approvalue the presult	aisal, I am qualified to e. Furthermore, I unde penalty under section ting from the apprais	o make appraisals of the erstand that a false or for 6701(a) (aiding and a al of the value of the pr	e type of proper raudulent overst abetting the und roperty that I kno	ty being value tatement of the erstatement of bw, or reasona	ed. I certify e property of tax liabi ably should	that the appraisal fer value as described lity). In addition, I und know, would be use	s; and that because of es were not based on a in the qualified appraisa nderstand that a substa ed in connection with a cimony by the Office of F	percental l or this land ntial or eturn or	age of the appraised p Form 8283 may subje gross valuation misst claim for refund, may	oroperty ct me to atement	
Sig											
Hei Busir		ing room or suite no.)			Title ▶	•	Date ▶		Identifying number		
City	or town, state, and 2	ZIP code									
Pa	rt IV Done	e Acknowledgi	ment —To b	oe comple	eted by	the charitable	organization.				
				•			and that it received th	ne dona	ited property as des	cribed	
	· ·	ove on the following						-			
port	ion thereof) within		e of receipt, it	will file Form	n 8282, D	onee Information	es of the property des Return, with the IRS				
		intend to use the p							▶ ☐ Yes ☐	No	
	e of charitable organ	<u>.</u>	, , =: 3		•	Employer identif		<u> </u>			
Addr	ress (number, street,	and room or suite no.)			City or town, state, and ZIP code					

Authorized signature

Date

Title

AMOUNTS OF SELECTED LINES FILED (IN THOUSANDS OF DOLLARS)

Form **8396**

Department of the Treasury

Internal Revenue Service

Mortgage Interest Credit

(For Holders of Qualified Mortgage Credit Certificates Issued by State or Local Governmental Units or Agencies)

► Attach to Form 1040 or 1040NR.
► See instructions on back.

OMB No. 1545-0074

2006
Attachment
Sequence No. 138

Name(s) shown on your tax return

Total Forms Filed = 55,834 Enter the address of your main home to which the qualified mortgage certificate relates if it is different from the address shown on your tax return.

Your social security number

Name of Issuer of Mortgage Credit Certificate Mortgage Credit Certificate Number Issue Date Part I **Current Year Mortgage Interest Credit** Interest paid on the certified indebtedness amount. If someone else (other than your spouse if 1 filing jointly) also held an interest in the home, enter only your share of the interest paid Enter the certificate credit rate shown on your mortgage credit certificate. Do not enter the 2 % If line 2 is 20% or less, multiply line 1 by line 2. If line 2 is more than 20%, or you refinanced your 49,315 3 mortgage and received a reissued certificate, see the instructions for the amount to enter. You must reduce your deduction for home mortgage interest on Schedule A (Form 1040) by the amount on line 3. 1.774 Enter any 2003 credit carryforward from line 18 of your 2005 Form 8396 8,830 5 Enter any 2004 credit carryforward from line 16 of your 2005 Form 8396 11,907 Enter any 2005 credit carryforward from line 19 of your 2005 Form 8396 . . . 71,826 7 7 8 8 Enter the amount from Form 1040, line 46, or Form 1040NR, line 43 Enter the total of the amounts from Form 1040, lines 47 through 51 and line 1040 filers: 9 53 plus any credit from Form 5695, line 12 9 1040NR filers: Enter the total of the amounts from Form 1040NR, lines 44 through 46 and line 48 plus any credit from Form 5695, line 12 10 Subtract line 9 from line 8. If zero or less, enter -0- here and on line 11 and go to Part II 10 Current year mortgage interest credit. Enter the smaller of line 7 or line 10. Also include this amount in the total on Form 1040, line 54, or Form 1040NR, line 49, and check box a on 48.366 Mortgage Interest Credit Carryforward to 2007. (Complete only if line 11 is less than line 7.) Part II 12 12 Add lines 3 and 4 13 Enter the amount from line 7 13 14 14 Enter the larger of line 11 or line 12 15 Subtract line 14 from line 13 . . . 15 16 2005 credit carryforward to 2007. Enter the smaller of line 6 or line 15 . 16 17 17 18 18 2004 credit carryforward to 2007. Enter the smaller of line 5 or line 17 2006 credit carryforward to 2007. Subtract line 11 from line 3. If zero or less, enter -0-19

8582 Form

AMOUNTS OF SELECTED LINES FILED (IN THOUSANDS OF DOLLARS) Passive Activity Loss Limitations

► See separate instructions.

► Attach to Form 1040 or Form 1041.

OMB No. 1545-1008

2006

Attachment
Sequence No. 88

Identifying number

Department of the Treasury Internal Revenue Service (S Name(s) shown on return

Total Forms Filed = 3,554,402

Part I 2006 Passive Activity Loss

Caution: Complete Worksheets 1, 2, and 3 on page 2 before completing Part I.

	tal Real Estate Activities With Active Participation (For the definit Special Allowance for Rental Real Estate Activities on page 3 of					
1a	Activities with net income (enter the amount from Worksheet 1, column (a))	1a	15.354.389			
b	Activities with net loss (enter the amount from Worksheet 1, column (b))	1b (37,884,542)		
С	Prior years unallowed losses (enter the amount from Worksheet 1, column (c))	1c (26,138,486)		
d	Combine lines 1a, 1b, and 1c			1d	-48,668,640	\perp
	nmercial Revitalization Deductions From Rental Real Estate Acti	,				
	Commercial revitalization deductions from Worksheet 2, column (a)	2a (14,371)		
	Prior year unallowed commercial revitalization deductions from Worksheet 2, column (b)	2b (235,094) 2c	(249,465	
	Other Passive Activities	· · · ·			(210,100	
	Activities with net income (enter the amount from Worksheet 3,	1 1	1			
ou	column (a))	3a	39,329,057			
b	Activities with net loss (enter the amount from Worksheet 3, column (b))	3b (25,106,251)		
С	Prior years unallowed losses (enter the amount from Worksheet 3,			,		
	column (c))	3c (35,278,503)	24 055 609	
<u>a</u>	Combine lines 3a, 3b, and 3c			3d	-21,055,698	+-
4	Combine lines 1d, 2c, and 3d. If the result is net income or zero, all leany prior year unallowed losses entered on line 1c, 2b, or 3c. Do Report the losses on the forms and schedules normally used		-69,973,802			
	If line 4 is a loss and: Line 1d is a loss, go to Part II. Line 2c is a loss (and line 1d is zero or Line 3d is a loss (and lines 1d and 2c a tion: If your filing status is married filing separately and you lived with	s II and	d III and go to line			
	II or Part III. Instead, go to line 15.	VAC'11	A . II B . II. I II			
Par	Special Allowance for Rental Real Estate Activities Note: Enter all numbers in Part II as positive amounts. See I				xample	
5	Enter the smaller of the loss on line 1d or the loss on line 4	ougo o v	or the mendenene re	5	57,069,122	
6	Enter \$150,000. If married filing separately, see page 8	6	320,182,442			
7	Enter modified adjusted gross income, but not less than zero (see page 8)	7	393,888,765			
	Note: If line 7 is greater than or equal to line 6, skip lines 8 and 9, enter -0- on line 10. Otherwise, go to line 8.					
8	Subtract line 7 from line 6	8	100,776,368			
9	Multiply line 8 by 50% (.5). Do not enter more than \$25,000. If married				30,103,968	
10	Enter the smaller of line 5 or line 9			10	15,316,773	
Par	Special Allowance for Commercial Revitalization I Note: Enter all numbers in Part III as positive amounts. See					
11	Enter \$25,000 reduced by the amount, if any, on line 10. If married filing	g separa	ately, see instructions	11	43,373	
12	Enter the loss from line 4	12				
13	Reduce line 12 by the amount on line 10	13	772,064			
14 Par	Enter the smallest of line 2c (treated as a positive amount), line 11 Total Losses Allowed	i, or line	<i>:</i> ।	14	13,744	
				15	13,826,102	
15 16	Add the income, if any, on lines 1a and 3a and enter the total Total losses allowed from all passive activities for 2006. Add			1.5	. 5,525,102	<u> </u>
	page 11 of the instructions to find out how to report the losses on y			16	34,837,148	

AMOUNTS OF SELECTED LINES FILED (IN THOUSANDS OF DOLLARS)

Form (Rev. December 2006) Department of the Treasury

Low-Income Housing Credit

Attach to your tax return.

OMB No. 1545-0984

Attachment Sequence No. 36a

Internal Revenue Service (99) Name(s) shown on return

Identifying number

	Total Forms Filed = 70,353			
1 2	Number of Forms 8609-A attached			
	(i) (iii) (iv)			
3	Current year credit from attached Form(s) 8609-A (see instructions)	3	2,366	
4	Low-income housing credit from partnerships, S corporations, estates, and trusts	4	147,527	
5	Add lines 3 and 4. Estates and trusts, go to line 6; partnerships and S corporations, report this			
	amount on Schedule K; all others, report this amount on the applicable line of Form 3800 (e.g., line 1e of the 2006 Form 3800) Non-deductible housing credit = *	5	149,147	
6	Amount allocated to beneficiaries of the estate or trust (see instructions)	6		
7	Estates and trusts. Subtract line 6 from line 5. Report this amount on the applicable line of	7		

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

What's New

- The tax liability limit is no longer figured on this form; instead, it must be figured on Form 3800, General Business Credit.
- Taxpayers that are not partnerships, S corporations, estates, or trusts, and whose only source of this credit is from those pass-through entities, are not required to complete or file this form. Instead, they can report this credit directly on line 1e of Form 3800.
- The IRS will revise this December 2006 version of the form only when necessary. Continue to use this version for tax years beginning after 2005 until a new revision is issued.

Purpose of Form

Use Form 8586 to claim the low-income housing credit. This general business credit is allowed for each new qualified low-income building placed in service after 1986. Generally, it is taken over a 10-year credit period.

Qualified Low-Income Housing Project

The credit cannot exceed the amount allocated to the building. See section 42(h)(1) for details.

The low-income housing credit can only be claimed for residential rental buildings in low-income housing projects that meet one of the minimum set-aside tests. For details, see the instructions for Form 8609, Part II, line 10c.

Except for buildings financed with certain tax-exempt bonds, you may not take a low-income housing credit on a building if it has not received an allocation from the housing credit agency. No allocation is needed when 50% or more of the aggregate basis of the building and the land on which the building is located is financed with certain tax-exempt bonds issued after 1989 for buildings placed in service after 1989. The owner still must get a Form 8609 from the appropriate housing credit agency (with the applicable items completed, including an assigned BIN). "Land on which the building is located" includes only land that is functionally related and subordinate to the qualified low-income building (see Regulations sections 1.103-8(a)(3) and 1.103-8(b)(4)(iii)).

Recapture of Credit

There is a 15-year compliance period during which the residential rental building must continue to meet certain requirements. If, as of the close of any tax year in this period, there is a reduction in the qualified basis of the building from the previous year, you may have to recapture a part of the credit you have taken. Similarly, you may have to recapture part of the credits taken in previous years upon certain dispositions of the building or interests therein. If you must recapture credits, use Form 8611, Recapture of Low-Income Housing Credit. See section 42(i) for details.

Recordkeeping

Keep a copy of this Form 8586 together with all Forms 8609. Schedules A (Form 8609) (and successor Forms 8609-A), and Forms 8611 for 3 years after the 15-year compliance period ends.

8606

AMOUNTS OF SELECTED LINES FILED (IN THOUSANDS OF DOLLARS)

Nondeductible IRAs

► See separate instructions.

► Attach to Form 1040, Form 1040A, or Form 1040NR.

OMB No. 1545-0074 Attachment Sequence No.

Department of the Treasury Internal Revenue Service Name. If married, file a separate form for each spouse required to file Form 8606. See page 5 of the instructions. Your social security number Total Forms Filed = 2,044,896 Home address (number and street, or P.O. box if mail is not delivered to your home) Apt. no. Fill in Your Address Only If You Are Filing This Form by Itself and Not City, town or post office, state, and ZIP code With Your Tax Return

Part I

Nondeductible Contributions to Traditional IRAs and Distributions From Traditional, SEP, and SIMPLE IRAs Complete this part only if one or more of the following apply.

- You made nondeductible contributions to a traditional IRA for 2006.
- You took distributions from a traditional, SEP, or SIMPLE IRA in 2006 and you made nondeductible contributions to a traditional IRA in 2006 or an earlier year. For this purpose, a distribution does not include a rollover (other than a repayment of a qualified hurricane distribution), qualified charitable distribution, conversion, recharacterization, or return of certain contributions.
- You converted part, but not all, of your traditional, SEP, and SIMPLE IRAs to Roth IRAs in 2006 (excluding any portion

	you recharacterized) and you made nondeductible contributions to a traditional IRA			
1 2	Enter your nondeductible contributions to traditional IRAs for 2006, including those made f 2006 from January 1, 2007, through April 16, 2007 (see page 5 of the instructions)		3,214,921 18,912,520	
3	Add lines 1 and 2	. 3	22,127,440	
	In 2006, did you take a distribution from traditional, SEP, or SIMPLE IRAs, or make a Roth IRA conversion? No Enter the amount from line 3 on line 14. Do not complete the rest of Part I. Yes Go to line 4.			
4	Enter those contributions included on line 1 that were made from January 1, 2007, throug		05.000	
	April 16, 2007	. 4	25,080	_
5	Subtract line 4 from line 3	. 5	22,102,360	-
6	Enter the value of all your traditional, SEP, and SIMPLE IRAs as of December 31, 2006, plus any outstanding rollovers. Subtract any repayments of qualified hurricane distributions. If the result is zero or less, enter -0- (see page 5 of the instructions)			
7	Enter your distributions from traditional, SEP, and SIMPLE IRAs in 2006. Do not include rollovers (other than repayments of qualified hurricane distributions), qualified charitable distributions, conversions to a Roth IRA, certain returned contributions, or recharacterizations of traditional IRA contributions (see page 6 of the instructions). 7 4,861,797			
8	Enter the net amount you converted from traditional, SEP, and SIMPLE IRAs to Roth IRAs in 2006. Do not include amounts converted that you later recharacterized (see page 6 of the instructions). Also enter this amount on line 16			
9	Add lines 6, 7, and 8			
10	Divide line 5 by line 9. Enter the result as a decimal rounded to at least 3 places. If the result is 1.000 or more, enter "1.000" $\frac{10}{x}$			
11	Multiply line 8 by line 10. This is the nontaxable portion of the amount you converted to Roth IRAs. Also enter this amount on line 17 64,755			
12	Multiply line 7 by line 10. This is the nontaxable portion of your distributions that you did not convert to a Roth IRA			
13	Add lines 11 and 12. This is the nontaxable portion of all your distributions		737,928	
14	Subtract line 13 from line 3. This is your total basis in traditional IRAs for 2006 and earlier year		21,389,512	
	Subtract line 12 from line 7	I	4,186,599	-
b	Amount on line 15a attributable to qualified hurricane distributions (see page 6 of the instruction		17,215	
C	Also enter this amount on Form 8915, line 22		,2.0	
C	Form 1040, line 15b; Form 1040A, line 11b; or Form 1040NR, line 16b		4,173,085	
	Note: You may be subject to an additional 10% tax on the amount on line 15c if you were und			
	age 59½ at the time of the distribution (see page 6 of the instructions).		- 0000	

Form 8606 (2006)

AMOUNTS OF SELECTED LINES FILED (IN THOUSANDS OF DOLLARS)

Part II 2006 Conversions From Traditional, SEP, or SIMPLE IRAs to Roth IRAs

Complete this part if you converted part or all of your traditional, SEP, and SIMPLE IRAs to a Roth IRA in 2006 (excluding any portion you recharacterized).

Caution: If your modified adjusted gross income is over \$100,000 **or** you are married filing separately and you lived with your spouse at any time in 2006, you **cannot** convert any amount from traditional, SEP, or SIMPLE IRAs to Roth IRAs for 2006. If you erroneously made a conversion, you must recharacterize (correct) it (see page 6 of the instructions).

16	convert you late	ted from trad er recharacte	litional, SEP, ar erized back to	e amount from line nd SIMPLE IRAs to traditional, SEP, or	Roth IRAs SIMPLE I	in 2006. Do not in RAs in 2006 or 20	clude amounts	16	1,334,888	
17	of the instructions)								72,964	
18	Taxable amount. Subtract line 17 from line 16. Also include this amount on Form 1040, line 15b; Form 1040A, line 11b; or Form 1040NR, line 16b								1,261,924	
Par	C ir	Complete this	llover (other t	h IRAs you took a distribu han a repayment of certain contribu	of a qua	lified hurricane d	listribution), qualit			
19	Enter your total nonqualified distributions from Roth IRAs in 2006 including any qualified first-time homebuyer distributions (see page 7 of the instructions).							19	1,545,387	
20				xpenses (see page			not enter more	20	56,172	
21	Subtrac	ct line 20 fro	m line 19. If ze	ero or less, enter -0	0- and skip	p lines 22 through	25	21	1,498,149	
22	Enter y	our basis in	Roth IRA cont	ributions (see page	e 7 of the	instructions) .		22	1,373,700	
23				ro or less, enter -0- nal tax (see page 7				23	592,342	
24	Enter y	our basis in	Roth IRA conv	versions (see page	7 of the ir	nstructions) .		24	492,755	
b	 Subtract line 24 from line 23. If zero or less, enter -0- and skip lines 25b and 25c Amount on line 25a attributable to qualified hurricane distributions (see page 8 of the instructions). Also enter this amount on Form 8915, line 23 Taxable amount. Subtract line 25b from line 25a. If more than zero, also include this amount on 								415,253 *	
Cian		040, line 15b		A, line 11b; or Form				25c tachmer	416,895 and to the best	of my
Are by It	Filing Th	nis Form I Not With		belief, it is true, correct,			Date			
Paid		Preparer's signature Date Check if self-					Prepa	rer's SSN or PTIN		
	arer's Only	Firm's name (or yours						()	

Form **8606** (2006)

Page 2

^{*} Entry for this line is greater than zero, but too small to report

8615

AMOUNTS OF SELECTED LINES FILED (IN THOUSANDS OF DOLLARS) Tax for Children Under Age 18

With Investment Income of More Than \$1.700

► Attach only to the child's Form 1040, Form 1040A, or Form 1040NR. ► See separate instructions.

OMB No. 1545-0074 Attachment

Department of the Treasury Internal Revenue Service Sequence No. **33** Child's social security number Child's name shown on return Total Forms Filed = 387,887 Before you begin: If the child, the parent, or any of the parent's other children under age 18 must use the Schedule D Tax Worksheet or has income from farming or fishing, see Pub. 929, Tax Rules for Children and Dependents. It explains how to figure the child's tax using the Schedule D Tax Worksheet or Schedule J (Form 1040). B Parent's social security number Parent's name (first, initial, and last). Caution: See instructions before completing. Parent's filing status (check one): ☐ Married filing jointly ☐ Married filing separately Single Head of household Qualifying widow(er) Child's Net Investment Income 1 5,494,740 If the child did not itemize deductions on Schedule A (Form 1040 or Form 1040NR), enter 771,474 2 Subtract line 2 from line 1. If zero or less, stop; do not complete the rest of this form but do 4,736,910 3 Enter the child's taxable income from Form 1040, line 43: Form 1040A, line 27: or Form 1040NR. 4 4,856,092 line 40. If the child files Form 2555 or 2555-EZ, see the instructions Enter the smaller of line 3 or line 4. If zero, stop; do not complete the rest of this form but do 4,494,552 5 Tentative Tax Based on the Tax Rate of the Parent Enter the parent's taxable income from Form 1040, line 43; Form 1040A, line 27; Form 1040EZ, line 6; Form 1040NR, line 40; or Form 1040NR-EZ, line 14. If zero or less, enter -0-. If the parent 179.700.692 6 Enter the total, if any, from Forms 8615, line 5, of all other children of the parent named 7 3,951,601 8 188,146,844 Add lines 5, 6, and 7 (see instructions) Enter the tax on the amount on line 8 based on the parent's filing status above (see instructions). If the Qualified Dividends and Capital Gain Tax Worksheet, Schedule D Tax Worksheet, or 47,353,850 9 Schedule J (Form 1040) is used to figure the tax, check here Enter the parent's tax from Form 1040, line 44; Form 1040A, line 28, minus any alternative minimum tax; Form 1040EZ, line 11; Form 1040NR, line 41; or Form 1040NR-EZ, line 15. Do not include any tax from Form 4972 or 8814. If the parent files Form 2555 or 2555-EZ, see the instructions. If the Qualified Dividends and Capital Gain Tax Worksheet, Schedule D Tax 45,687,254 10 Worksheet, or Schedule J (Form 1040) was used to figure the tax, check here . . . ▶ □ Subtract line 10 from line 9 and enter the result. If line 7 is blank, also enter this amount on line 1,666,596 11 13 and go to **Part III** 12a Add lines 5 and 7 295,849 12b b Divide line 5 by line 12a. Enter the result as a decimal (rounded to at least three places) 896,425 13 Part III Child's Tax—If lines 4 and 5 above are the same, enter -0- on line 15 and go to line 16. 360,782 14 Subtract line 5 from line 4 Enter the tax on the amount on line 14 based on the child's filing status (see instructions). If the Qualified Dividends and Capital Gain Tax Worksheet, Schedule D Tax Worksheet, or 24,374 15 Schedule J (Form 1040) is used to figure the tax, check here 920.800 **16** Add lines 13 and 15 Enter the tax on the amount on line 4 based on the child's filing status (see instructions). If the Qualified Dividends and Capital Gain Tax Worksheet, Schedule D Tax Worksheet, or 17 633,892 Schedule J (Form 1040) is used to figure the tax, check here Enter the larger of line 16 or line 17 here and on the child's Form 1040, line 44; Form 1040A, 924,539 line 28; or Form 1040NR, line 41. If the child files Form 2555 or 2555-EZ, see the instructions 18

AMOUNTS OF SELECTED LINES FILED (IN THOUSANDS OF DOLLARS)

Form **8801**

Credit for Prior Year Minimum Tax— Individuals, Estates, and Trusts

► See separate instructions.

2006
Attachment
Sequence No. 74

OMB No. 1545-1073

Department of the Treasury Internal Revenue Service (99 Name(s) shown on return

► Attach to Form 1040, 1040NR, or 1041.

Total Forms Filed = 1,340,076

Identifying number

Part I **Net Minimum Tax on Exclusion Items** Combine lines 1, 6, and 10 of your 2005 Form 6251. Estates and trusts, see instructions . . . 1 350,819,063 1 2 42.196.661 Enter adjustments and preferences treated as exclusion items (see instructions) 2,238,864 3 Minimum tax credit net operating loss deduction (see instructions) Combine lines 1, 2, and 3. If zero or less, enter -0- here and on line 15 and go to Part II. If more 395,639,699 4 than \$191,000 and you were married filing separately for 2005, see instructions Enter: \$58,000 if married filing jointly or qualifying widow(er) for 2005: \$40,250 if single or head of household for 2005; or \$29,000 if married filing separately for 2005. Estates and trusts, enter 5 72,150,592 6 Enter: \$150,000 if married filing jointly or qualifying widow(er) for 2005; \$112,500 if single or head of household for 2005; or \$75,000 if married filing separately for 2005. Estates and trusts, enter 6 188,700,508 7 234,033,577 7 Subtract line 6 from line 4. If zero or less, enter -0- here and on line 8 and go to line 9 . . . 58,508,509 8 Subtract line 8 from line 5. If zero or less, enter -0-. If this form is for a child under age 14, see 45,997,468 9 Subtract line 9 from line 4. If zero or less, enter -0- here and on line 15 and go to Part II. Form 10 354.299.833 • If for 2005 you reported capital gain distributions directly on Form 1040, line 13; you reported qualified dividends on Form 1040, line 9b (Form 1041, line 2b(2)); or you had a gain on both lines 15 and 16 of Schedule D (Form 1040) (lines 14a and 15, column (2), of Schedule D (Form 1041)), 78,543,944 11 complete Part III of Form 8801 and enter the amount from line 46 here. • All others: If line 10 is \$175,000 or less (\$87,500 or less if married filing separately for 2005), multiply line 10 by 26% (.26). Otherwise, multiply line 10 by 28% (.28) and subtract \$3,500 (\$1,750 if married filing separately for 2005) from the result. 1,612,851 Minimum tax foreign tax credit on exclusion items (see instructions) 12 76,939,978 13 Tentative minimum tax on exclusion items. Subtract line 12 from line 11 72.878.527 14 Enter the amount from your 2005 Form 6251, line 34, or 2005 Form 1041, Schedule I, line 55 5,945,436 15 Net minimum tax on exclusion items. Subtract line 14 from line 13. If zero or less, enter -0-15 Part II Minimum Tax Credit and Carryforward to 2007 7,015,277 16 Enter the amount from your 2005 Form 6251, line 35, or 2005 Form 1041, Schedule I, line 56 17 17 1,069,841 18 Subtract line 17 from line 16. If less than zero, enter as a negative amount 18 8,948,596 19 19 2005 minimum tax credit carryforward. Enter the amount from your 2005 Form 8801, line 26 Enter the total of your 2005 unallowed nonconventional source fuel credit and 2005 unallowed 20 20 42,314 10,590,449 Combine lines 18, 19, and 20. If zero or less, **stop here** and see instructions 21 21 79,752,020 22 Enter your 2006 regular income tax liability minus allowable credits (see instructions) . . . 23 83,417,283 Enter the amount from your 2006 Form 6251, line 33, or 2006 Form 1041, Schedule I, line 54. 2,631,643 24 24 Minimum tax credit. Enter the smaller of line 21 or line 24. Also enter this amount on your 2006 1,031,340 Form 1040, line 55; Form 1040NR, line 50; or Form 1041, Schedule G, line 2d 25

amount because you may use it in future years

Minimum tax credit carryforward to 2007. Subtract line 25 from line 21. Keep a record of this

9,559,109

Page 2

Part III Tax Computation Using Maximum Capital Gains Rates

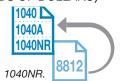
	Caution. If you did not complete the 2005 Qualified Dividends and Capital Gain Tax Worksheet the 2005 Schedule D Tax Worksheet, or Part V of the 2005 Schedule D (Form 1041), see the instructions before completing this part.		
27 28	Enter the amount from Form 8801, line 10	. 27	
	If you figured your 2005 tax using the 2005 Qualified Dividends and Capital Gain Tax Worksheet, skip line 29 and enter the amount from line 28 on line 30. Otherwise, go to line 29.		
29	Enter the amount from line 19 of your 2005 Schedule D (Form 1040), or line 14b, column (2), of the 2005 Schedule D (Form 1041) 29		
30	Add lines 28 and 29, and enter the smaller of that result or the amount from line 10 of your 2005 Schedule D Tax Worksheet		
31	Enter the smaller of line 27 or line 30	. 31	
32	Subtract line 31 from line 27	. 32	
33	If line 32 is \$175,000 or less (\$87,500 or less if married filing separately for 2005), multiply line 32 by 26% (.26). Otherwise, multiply line 32 by 28% (.28) and subtract \$3,500 (\$1,750 if married)		
	filing separately for 2005) from the result	33	
34	Enter: • \$59,400 if married filing jointly or qualifying widow(er) for 2005,		
	• \$29,700 if single or married filing separately for 2005,		
	• \$39,800 if head of household for 2005, or • \$2,000 for an estate or trust		
	\$2,000 for all estate of trust		
35	Enter the amount from line 7 of your 2005 Qualified Dividends and Capital		
	Gain Tax Worksheet, the amount from line 14 of your 2005 Schedule D Tax Worksheet, or the amount from line 23 of the 2005 Schedule D (Form 1041),		
	whichever applies. If you did not complete either worksheet or Part V of		
	the 2005 Schedule D (Form 1041), enter -0	-	
36	Subtract line 35 from line 34. If zero or less, enter -0		
37	Enter the smaller of line 27 or line 28		
38	Enter the smaller of line 36 or line 37		
39	Multiply line 38 by 5% (.05)	39	
40 41	Subtract line 38 from line 37	41	
	If line 29 is zero or blank, skip lines 42 and 43 and go to line 44. Otherwise, go to line 42		
42	Subtract line 37 from line 31		
43	Multiply line 42 by 25% (.25)		
44	Add lines 33, 39, 41, and 43	44	
45	If line 27 is \$175,000 or less (\$87,500 or less if married filing separately for 2005), multiply line 27 by 26% (26). Otherwise, multiply line 27 by 28% (28) and subtract \$2,500 (\$1,750 if married)		
	27 by 26% (.26). Otherwise, multiply line 27 by 28% (.28) and subtract \$3,500 (\$1,750 if married filing separately for 2005) from the result	45	
	ming coparations for 2000, from the result		
46	Enter the smaller of line 44 or line 45 here and on line 11	46	

^{*} The 2005 Qualified Dividends and Capital Gain Tax Worksheet is on page 38 of the 2005 Instructions for Form 1040. The 2005 Schedule D Tax Worksheet is on page D-9 of the 2005 Instructions for Form 1041).

8812

AMOUNTS OF SELECTED LINES FILED (IN THOUSANDS OF DOLLARS)

Additional Child Tax Credit



OMB No. 1545-0074

2006

Attachment
Sequence No. 47

Department of the Treasury Internal Revenue Service (99)

Complete and attach to Form 1040, Form 1040A, or Form 1040NR.

ivame	e(s) snown on return	Total Forms Filed = 15,717,	145	Your social sec	urity number
Pa	rt I All File	<u> </u>		l i	<u>i </u>
1	page 38 of the F	from line 1 of your Child Tax Credit Worksheet on page 43 of the orm 1040A instructions, or page 20 of the Form 1040NR instruction line 8 of the worksheet on page 4 of the publication	ructions. If you used Pub.	1 30,4	65,343
2	Enter the amoun	t from Form 1040, line 53, Form 1040A, line 33, or Form 104	ONR, line 48	2 6,86	64,104
3 4a b 5	Nontaxable comback) Is the amount on □ No. Leave □ Yes. Subtract Multiply the amount on Next. Do you has □ No. If line smalle □ Yes. If line	rom line 1. If zero, stop ; you cannot take this credit earned income (see instructions on back)			01,239 63,947
Pai		. Otherwise, go to line 7. Tilers Who Have Three or More Qualifying Chil	ldren		
7	Withheld social s 6. If married filir	security and Medicare taxes from Form(s) W-2, boxes 4 and ag jointly, include your spouse's amounts with yours. If you troad, see instructions on back	7 2,492,570		
8	1040 filers: 1040A filers: 1040NR filers:	Enter the total of the amounts from Form 1040, lines 27 and 59, plus any uncollected social security and Medicare or tier 1 RRTA taxes included on line 63. Enter -0 Enter the total of the amounts from Form 1040NR, line 54, plus any uncollected social security and Medicare	8 356,318		
9 10	Add lines 7 and 1040 filers:	or tier 1 RRTA taxes included on line 58. 8	9 2,848,888		
	1040A filers:	Enter the total of the amount from Form 1040A, line 40a, plus any excess social security and tier 1 RRTA taxes withheld that you entered to the left of line 43 (see instructions on back).	10 3,209,419		
	1040NR filers:	Enter the amount from Form 1040NR, line 61.			
11	Subtract line 10	from line 9. If zero or less, enter -0-		11 1,38	57,232
12	Enter the larger	of line 6 or line 11		12 2,86	67,008
	Next, enter the s	maller of line 3 or line 12 on line 13.			
Pa	rt III Additio	nal Child Tax Credit			
13	This is your a	dditional child tax credit			48,889
			10401 1040A 1040A		

AMOUNTS OF SELECTED LINES FILED (IN THOUSANDS OF DOLLARS) **Parents' Election To Report**

Child's Interest and Dividends ▶ See instructions.

Attachmen³

OMB No. 1545-0074

Sequence No. 40

Department of the Treasury Internal Revenue Service

► Attach to parents' Form 1040 or Form 1040NR.

Your social security number Name(s) shown on your return Total Forms Filed = 294,748 Caution. The federal income tax on your child's income, including qualified dividends and capital gain distributions, may be less if you file a separate tax return for the child instead of making this election. This is because you cannot take certain tax benefits that your child could take on his or her own return. For details, see Tax benefits you cannot take on page 2. Child's name (first, initial, and last) B Child's social security number Combined Totals for Form 8814 If more than one Form 8814 is attached, check here Part I Child's Interest and Dividends To Report on Your Return 1a Enter your child's taxable interest. If this amount is different from the amounts shown on the 135,043 child's Forms 1099-INT and 1099-OID, see the instructions 1a b Enter your child's tax-exempt interest. Do not include this 5,740 2a Enter your child's ordinary dividends, including any Alaska Permanent Fund dividends. If your 2a 236,382 child received any ordinary dividends as a nominee, see the instructions **b** Enter your child's qualified dividends included on line 2a. See the 83,217 instructions Enter your child's capital gain distributions. If your child received any capital gain distributions 3 143.636 Add lines 1a, 2a, and 3, If the total is \$1,700 or less, skip lines 5 through 12 and go to line 13. If the total is \$8,500 or more, do not file this form. Your child must file his or her own return 515,061 4 5 1,700 00 139,151 If both lines 2b and 3 are zero or blank, skip lines 7 through 10, enter -0- on line 11, and go to line 12. Otherwise, go to line 7. Divide line 2b by line 4. Enter the result as a decimal (rounded 7 Divide line 3 by line 4. Enter the result as a decimal (rounded to 8 Multiply line 6 by line 7. Enter the result here. See the instructions 27,295 9 for where to report this amount on your return Multiply line 6 by line 8. Enter the result here. See the instructions 10 46,547 10 for where to report this amount on your return 73,841 Add lines 9 and 10 11 11

Tax on the First \$1,700 of Child's Interest and Dividends Part II

checked the box on line C above, see the instructions. Go to line 13 below

13	Amount not taxed	13	850	00
	Subtract line 13 from line 4. If the result is zero or less, enter -0-	14	140,916	
15	Tax. Is the amount on line 14 less than \$850?			
	No. Enter \$85 here and see the Note below.	15	14,120	

☐ **Yes.** Multiply line 14 by 10% (.10). Enter the result here and see the **Note** below.

Subtract line 11 from line 6. Include this amount in the total on Form 1040, line 21, or Form 1040NR, line 21. In the space next to line 21, enter "Form 8814" and show the amount. If you

Note. If you checked the box on line C above, see the instructions. Otherwise, include the amount from line 15 in the tax you enter on Form 1040, line 44, or Form 1040NR, line 41. Be sure to check box **a** on Form 1040, line 44, or Form 1040NR, line 41.

68,141

AMOUNTS OF SELECTED LINES FILED (IN THOUSANDS OF DOLLARS)

Form **8824**

Department of the Treasury Internal Revenue Service

Like-Kind Exchanges

(and section 1043 conflict-of-interest sales)

► Attach to your tax return.

2006
Attachment
Sequence No. 109

Name(s) shown on tax return

Total Forms Filed = 207,687

Identifying number

Pa	rt I Information on the Like-Kind Exchange						
1	Note: If the property described on line 1 or line 2 is real or personal property given up ▶		-				
2	Description of like-kind property received ▶						
3	Date like-kind property given up was originally acquired (month,	day, y	ear)	3	/	/	
4	Date you actually transferred your property to other party (month	ı, day,	year)	4	/	/	
5	Date like-kind property you received was identified by written no day, year). See instructions for 45-day written notice requirement		another party (month,	5	/	/	
6	Date you actually received the like-kind property from other party (mor	nth, day	y, year). See instructions	6	/	/	
7	Was the exchange of the property given up or received made wit (such as through an intermediary)? See instructions. If "Yes," com-					Yes	□No
Pa 8	rt II Related Party Exchange Information Name of related party		Relationship to you	Relati	ed party's ider	ntifying	number
Ü	Name of related party		Helationship to you	ricial	ed party 3 lder	itilyilig	number
9	During this tax year (and before the date that is 2 years after the exchange), did the related party directly or indirectly (such as three part of the like-kind property received from you in the exchange?	last tra	in intermediary) sell or dis	spose	of any	Yes	□No
10	During this tax year (and before the date that is 2 years after the exchange), did you sell or dispose of any part of the like-kind pro	ast tra	ınsfer of property that wa	s part	of the _	Yes	□No
	If both lines 9 and 10 are "No" and this is the year of the exchange, year of the exchange, stop here. If either line 9 or line 10 is "Yes," or gain or (loss) from line 24 unless one of the exceptions on line 11 ap	omplet					
11	If one of the exceptions below applies to the disposition, check	the ap	plicable box:				
a	\square The disposition was after the death of either of the related particles.	arties.					
k	The disposition was an involuntary conversion, and the threat	t of co	onversion occurred after t	the ex	change.		
_	You can establish to the satisfaction of the IRS that neither principal purpose. If this box is checked, attach an explanat		_	ion ha	d tax avoic	lance	as its

AMOUNTS OF SELECTED LINES FILED (IN THOUSANDS OF DOLLARS) Form 8824 (2006) Name(s) shown on tax return. Do not enter name and social security number if shown on other side. Your social security number Realized Gain or (Loss), Recognized Gain, and Basis of Like-Kind Property Received Caution: If you transferred and received (a) more than one group of like-kind properties or (b) cash or other (not like-kind) property, see Reporting of multi-asset exchanges in the instructions. Note: Complete lines 12 through 14 only if you gave up property that was not like-kind. Otherwise, go to line 15. 2,041,735 12 Fair market value (FMV) of other property given up 1.119.077 13 Gain or (loss) recognized on other property given up. Subtract line 13 from line 12. Report the 922,658 14 gain or (loss) in the same manner as if the exchange had been a sale Caution: If the property given up was used previously or partly as a home, see Property used as home in the instructions. Cash received, FMV of other property received, plus net liabilities assumed by other party, reduced 6.779.460 15 (but not below zero) by any exchange expenses you incurred (see instructions) 16 70,448,744 17 77,228,204 17 18 Adjusted basis of like-kind property you gave up, net amounts paid to other party, plus any 45,732,149 18 19 31,496,055 19 20 5,485,584 Enter the smaller of line 15 or line 19, but not less than zero 20 76,557 21 21 Ordinary income under recapture rules. Enter here and on Form 4797, line 16 (see instructions) . Subtract line 21 from line 20. If zero or less, enter -0-. If more than zero, enter here and on Schedule 5,427,861 22 D or Form 4797, unless the installment method applies (see instructions) 23 5,504,418 23 24 25,992,295 Deferred gain or (loss). Subtract line 23 from line 19. If a related party exchange, see instructions Basis of like-kind property received. Subtract line 15 from the sum of lines 18 and 23. . . 44,457,107 Part IV Deferral of Gain From Section 1043 Conflict-of-Interest Sales Note: This part is to be used only by officers or employees of the executive branch of the Federal Government for reporting nonrecognition of gain under section 1043 on the sale of property to comply with the conflict-of-interest requirements. This part can be used only if the cost of the replacement property is more than the basis of the divested property. 26 Enter the number from the upper right corner of your certificate of divestiture. (Do not attach a copy of your certificate. Keep the certificate with your records.). 27 Description of divested property ► 28 Description of replacement property ► 29 Date divested property was sold (month, day, year) 30 30 Sales price of divested property (see instructions). . . 31 31 Basis of divested property 32 Realized gain. Subtract line 31 from line 30 32 33 Cost of replacement property purchased within 60 days after date 34 34 35 Ordinary income under recapture rules. Enter here and on Form 4797, line 10 (see instructions) 36 Subtract line 35 from line 34. If zero or less, enter -0-. If more than zero, enter here and on

Deferred gain. Subtract the sum of lines 35 and 36 from line 32

Basis of replacement property. Subtract line 37 from line 33

36

37

38

Form

2006 ESTIMATED DATA LINE COUNTS - (ALL FIGURES ARE ESTIMATES BASED ON SAMPLES)

AMOUNTS OF SELECTED LINES FILED (IN THOUSANDS OF DOLLARS)

Qualified Adoption Expenses

► Attach to Form 1040 or 1040NR.

OMB No. 1545-0074 Attachment Sequence No. 38

Department of the Treasury Internal Revenue Service

8839

► See separate instructions.

Name(s) shown on return Your social security number Total Forms Filed = 98 629

										i	i	
		Before you begir										
Par		out Your Eligible					mplete	this	part	. See	page 2	of the
	instructions for o	details, including w	hat to	do if you no		-						
1				4.	Ch	eck if child w	vas—				(0)	
	(a)			(b) Child's year	(c) born befo	re a chil				С	(f) hild's	
	Child's			of birth	1989 and	d with spe	ecial fore	gn		identify	ing number	
	First	Last			disabled	need	s chi	ld				
Child								1				
1								<u> </u>		<u> </u>	<u> </u>	
Child								1				
2										<u> </u>	i	
	ion. If the child was a fo											
-	complete Part II or Part		nploye	r-provided a	doption l	enefits, o	complete	Par	t III or	n the b	ack next	
Par	Adoption Credi	t										
				Child	1	Ch	nild 2					
				440.00	00	Α	0.000		-			
	Maximum adoption cred	•	2	\$10,96	00 00	\$1	0,960	00	-			
	Did you file Form 883	9 for a prior year										
	for the same child?											
	■ No. Enter -0	1										
	Yes. See page 4 o		3						-			
	for the amount to e	enter. J	4									
4	Subtract line 3 from line 2								-			
	Qualified adoption exp	penses (see page 4	_	0.40.004		00.0						
	of the instructions) .		5	643,281		32,62	23		-			
	Caution. Your qualified	•										
	expenses may not be ed											
	adoption expenses you											
	Enter the smaller of line		6							4	7 400	
	Add the amounts on lin	· · · · · · · · · · · · · · · · · · ·		_		on line 12	2		7	44	27,138	
	Modified adjusted gross		f the ins	structions) .	. 8				-			
9	Is line 8 more than \$16	4,410?										
		nd 10, and enter -0-										
		,410 from line 8 .			. 9				-			
10	Divide line 9 by \$40,000		a deci	mal (rounded	to at lea	st three p	laces).		10		~	
	Do not enter more than								10		×	·
	Multiply line 7 by line 1								11 12		09,733	
	Subtract line 11 from lin								12	7(39,733	
13	Credit carryforward from								13	49	36,217	
	page 5 of the 2005 Fo		•						14		95,951	+
	Add lines 12 and 13.							•	17		30,001	
	Enter the amount from F)40NR, IINE 40 1	3 . 13							
16		e total of any amounts		50.								
		040, lines 47 through 51			16							
	1040NR filers: Enter th	396, line 11; and Form		/								
		040NR, lines 44 thro										
		m 8396, line 11; and	_									
	line 12.		. 5	,								
17	Subtract line 16 from lin								17			
	Adoption credit. Enter					on Form	1040	•				
10	line 54, or Form 1040N											
	14, you may have a cre								18	3	51,184	

Page 2

Form 8839 (2006)

AMOUNTS OF SELECTED LINES FILED (IN THOUSANDS OF DOLLARS)

Part III Employer-Provided Adoption Benefits

			Child 1		Child 2				
19	Maximum exclusion per child 1	19	\$10,960	00	\$10,960	00			
20	Did you receive employer-provided adoption benefits for a prior year for the same child? No. Enter -0	20							
	for the amount to enter.								
21	Subtract line 20 from line 19	21							
22	Employer-provided adoption benefits you received in 2006. This amount should be shown in box 12 of your 2006 Form(s) W-2 with code T	22							
23	Add the amounts on line 22						23	23,526	
24	Enter the smaller of line 21 or line 22. But if the child was a child with special needs and the adoption became final in 2006, enter the amount from line 21 .	24							
25	Add the amounts on line 24. If zero, skip lines 3-0- on line 30, and go to line 31	26 t	through 29, enter	25					
26	Modified adjusted gross income (from the worksheet on page 6 of the instructions)								
27	Is line 26 more than \$164,410? No. Skip lines 27 and 28, and enter -0- on line 29. Yes. Subtract \$164,410 from line 26								
28	Divide line 27 by \$40,000. Enter the result as to at least three places). Do not enter more t		,	28	× .				
29	Multiply line 25 by line 28			29					
30	Excluded benefits. Subtract line 29 from line	e 2	5				30	17,848	
31	Taxable benefits. Is line 30 more than line 2 ☐ No. Subtract line 30 from line 23. Also, in line 7 of Form 1040 or line 8 of Form 7 of Form 1040 or line 8 of	nclu n 10	040NR. On the do						
	Yes. Subtract line 23 from line 30. Enter the total you would enter on line 7 by the amount on Form 8839, line 3 or line 8 of Form 1040NR. Enter "Sline.	the of I	result as a negati Form 1040 or line inter the result on	8 of line 7	Form 1040NR of Form 1040		31	5,678	



You may be able to claim the adoption credit in Part II on the front of this form if either of the following applies.

- The total adoption expenses you paid in 2006 were not fully reimbursed by your employer and the adoption became final in 2006 or earlier.
- You adopted a child with special needs and the adoption became final in 2006.

8844

AMOUNTS OF SELECTED LINES FILED (IN THOUSANDS OF DOLLARS)

Empowerment Zone and Renewal Community Employment Credit

► Attach to your tax return.

OMB No. 1545-1444

2066
Attachment
Sequence No. 99

Department of the Treasury Internal Revenue Service Name(s) shown on return

Total Forms Filed = 38,475

Identifying number

_			
Pai	t I Current Year Credit	٦ - ١	
1	Enter the total qualified wages paid or incurred during calendar year 2006 only (see instructions)		
а	Qualified empowerment zone wages	1a	1,250
b	Qualified renewal community wages	1b	5,549
2	Add lines 1a and 1b. You must subtract this amount from your deduction for salaries and wages	2	
3	Employment zone and renewable community employment credit from parterships, S corporations,		
	cooperatives, estates, and trusts	3	
4	Add lines 2 and 3. Partnerships and S corporations, report this amount on Schedule K; all others,		
	continue on to line 5	4	
5	Empowerment zone and renewal community employment credit included on line 4 from passive		
	activities (see instructions)	5	
6	Subtract line 5 from line 4	6	40.000
7	Passive activity credit allowed for 2006 (see instructions)	7	13,680
8	Carryforward of empowerment zone and renewal community employment credit to 2006	8	114,388
9	Carryback of empowerment zone and renewal community employment credit from 2007 (see instructions)	9	
10	Add lines 6 through 9. Cooperatives, estates, and trusts, continue on to line 11. All others, use this		007.500
	amount to complete Part II	10	287,582
11	Amount allocated to the patrons of the cooperative or the beneficiaries of the estate or trust (see		
	instructions)	11	
12	Cooperatives, estates, and trusts. Subtract line 11 from line 10. Use this amount to complete Part II	12	
Par	t II Allowable Credit		
13	Regular tax before credits:		
•	Individuals. Enter the amount from Form 1040, line 44; Form 1040NR, line 41		
•	Corporations. Enter the amount from Form 1120, Schedule J, line 2; Form 1120-A,		
	Part I, line 1; or the applicable line of your return	13	
•	Estates and trusts. Enter the sum of the amounts from Form 1041, Schedule G, lines 1a and		
	1b, or the amount from the applicable line of your return		
14	Alternative minimum tax:		
•	Individuals. Enter the amount from Form 6251, line 35	44	291,714
•	Corporations. Enter the amount from Form 4626, line 14	14	291,714
	Estates and trusts. Enter the amount from Form 1041, Schedule I, line 56	45	
15	Add lines 13 and 14	15	
	Foreign tax credit	-	
	eredite well refin refin refined to allought or (er refin referring mice to allough ref	-	
	Qualified clothe vehicle credit (Form 5004, line 20)	-	
	Automative motor verificio di care (i cimi core, iniciro)	-	
	Alternative fuel vehicle refueling property credit (Form 8911, line 19)	16f	
	Add lines 16a through 16e	17	11,587,917
17	Net income tax. Subtract line 16f from line 15. If zero, skip lines 18 through 24 and enter -0- on line 25. Net regular tax. Subtract line 16f from line 13. If zero or less, enter -0- 18 11,296,908	17	11,507,517
18	100 105 data tax. Gabriat into 101 11011 1110 10. Il 2010 01 1000, Cittor 0		
19	Terrative minimum tax (see instructions)		
20	Enter 25% (.25) of the excess, if any, of line 18 over \$25,000 (see instructions) 2,659,713		
04	7,002,424		
21	manapy mile to by total (i.e)	22	
22	Enter the greater of line 20 or line 21	23	
23	Subtract line 22 from line 17. If zero or less, enter -0	24	
24	General business credit (see instructions)	25	
25	Subtract line 24 from line 23	20	
26	Credit allowed for the current year. Cooperatives, estates, and trusts. Enter the smaller of line 12 or		
	line 25. Report this amount on Form 1041, Schedule G, line 2c; or Form 1120-C, Schedule J, line 5c. If line 25 is smaller than line 12, see instructions. All others. Enter the smaller of line 10 or line 25. Report		
	this amount on Form 1040, line 55; Form 1040NR, line 50; Form 1120, Schedule J, line 5c; Form 1120-A,		
	Part I, line 2; or the applicable line of your return. If line 25 is smaller than line 12, see instructions	26	120,603
	Paparwork Poduction Act Natice see instructions Cot No. 161450		Farm 9944 (202

Archer MSAs and Long-Term Care Insurance Contracts

OMB No. 1545-0074

Department of the Treasury

Attachment

Interna	Revenue Service (99) Attach to Form 1040 or Form 1040NR.		Sequence	No. 🕻	39
Name	Social security number of MSA account holder. If both spouses have MSAs, see page 1 of the instructions				
Sec	tion A. Archer MSAs. If you have only a Medicare Advantage MSA, skip Section A and	comp	olete Sec	tion E	3.
Pai	General Information. See page 2 of the instructions.				
				Yes	No
1a	Did you or your employer make contributions to your Archer MSA for 2006?		1a		
	If "Yes," were you uninsured when the MSA was established (see page 2 of the instructions)?				
	If line 1a is "Yes," indicate coverage under high deductible health plan: Self-Only or Fa				<u> </u>
	If married, did your spouse or spouse's employer make contributions to your spouse's Archer MSA for	,	2a		
	If "Yes," was your spouse uninsured when the MSA was established (see page 2 of the instructions)?				
С	If line 2a is "Yes," indicate coverage under high deductible health plan: Self-Only or Fa	amily			
Par	Archer MSA Contributions and Deductions. See page 2 of the instructions before If you are filing jointly and both you and your spouse have high deductible he coverage, complete a separate Part II for each spouse (see page 2 of the instructions).	alth p	lans with		•
3	Total employer contributions to your Archer MSA(s) for 2006				
4	Archer MSA contributions you made for 2006, including those made from January 1, 2007, through				
	April 16, 2007, that were for 2006. Do not include rollovers (see page 4 of the instructions)	4	50,860		
5	Limitation from the worksheet on page 3 of the instructions	5	48,780)	
6	Compensation (see page 3 of the instructions) from the employer maintaining the high deductible health plan. (If self-employed, enter your earned income from the trade or business under which the high deductible health plan was established.)	6	1,663,0	02	
7	Archer MSA deduction. Enter the smallest of line 4, 5, or 6 here and on Form 1040, line 23, or				
•	Form 1040NR, line 23	7	35,106	6	
	Caution: If line 4 is more than line 7, you may have to pay an additional tax (see page 4 of the instruct	ions).			
Par	t III Archer MSA Distributions				
8a	Total distributions you and your spouse received in 2006 from all Archer MSAs (see page 4 of the instructions)	8a	44,569	9	
	Distributions included on line 8a that you rolled over to another Archer MSA or a health savings account. Also include any excess contributions (and the earnings on those excess contributions) included on line 8a that were withdrawn by the due date of your return (see page 4 of the instructions). Subtract line 8b from line 8a	8b 8c	7,091 37,489		
9	Unreimbursed qualified medical expenses (see page 4 of the instructions)	9	54,339	9	
10	Taxable Archer MSA distributions. Subtract line 9 from line 8c. If zero or less, enter -0 Also include this amount in the total on Form 1040, line 21, or Form 1040NR, line 21. On the dotted line next to line 21, enter "MSA" and the amount	10	3,355		
11a	If any of the distributions included on line 10 meet any of the Exceptions to the Additional 15% Tax (see page 4 of the instructions), check here				
b	Additional 15% tax (see page 4 of the instructions). Enter 15% (.15) of the distributions included on line 10 that are subject to the additional 15% tax. Also include this amount in the total on Form 1040, line 63, or Form 1040NR, line 58. On the dotted line next to Form 1040, line 63, or				
	Form 1040NR, line 58, enter "MSA" and the amount	11b	288		<u> </u>
Sec	tion B. Medicare Advantage MSA Distributions. If you are filing jointly and both you a distributions in 2006 from a Medicare Advantage MSA, complete a separate Se (see page 4 of the instructions).				
12	Total distributions you received in 2006 from all Medicare Advantage MSAs (see page 4 of the instructions)	12	859		
13	Unreimbursed qualified medical expenses (see page 5 of the instructions)	13	655		
14	Taxable Medicare Advantage MSA distributions. Subtract line 13 from line 12. If zero or less,				
	enter -0 Also include this amount in the total on Form 1040, line 21, or Form 1040NR, line 21.				
	On the dotted line next to line 21, enter "Med MSA" and the amount	14	456		
	If any of the distributions included on line 14 meet any of the Exceptions to the Additional 50% Tax (see page 5 of the instructions), check here		000		
	Form 1040NR, line 58, enter "Med MSA" and the amount	15b	229		

AMOUNTS OF SELECTED LINES FILED (IN THOUSANDS OF DOLLARS)

Form	8853 (2006))	100	Attac	nment Sequ	uence No. 39	Page 2
Name	of policyho	older (as shown on Form 1040)		Social security n of policyholder			
Sec	tion C.	Long-Term Care (LTC) Insurance Contracts. See Fil the instructions before completing this section.	ing F	Requirements	for Sec	tion C on pa	ge 6 of
	If more	than one Section C is attached, check here					.▶ □
16a	Name o	f insured ▶	al sec	urity number of	insured I	-	1
17	LTC inst	did anyone other than you receive payments on a per diem or or urance contract covering the insured or receive accelerated decovering the insured?	ath b	enefits under a l			□ No
18	Note: If	e insured a terminally ill individual?	rated	death benefits th		. 🗌 Yes paid	□ No
19	from bo	TC payments received on a per diem or other periodic basis. Entex 1 of all Forms 1099-LTC you received with respect to the in ox in box 3 is checked				900,966	
	LTC inst are not e or sickne	a: Do not use lines 20 through 28 to figure the taxable amount ourance contract that is not a qualified LTC insurance contract excludable from your income (for example, if the benefits are not ess through accident or health insurance), report the amount of 1040, line 21.	t. Inste paid t	ead, if the benet for personal injur	its ies		
20	Enter th	e part of the amount on line 19 that is from qualified LTC insu	rance	contracts	. 20	772,925	
21		ated death benefits received on a per diem or other periodic be you received because the insured was terminally ill (see page				5,359	
22	Add line	es 20 and 21			. 22	778,284	
		you checked "Yes" on line 17 above, see Multiple Payees 7 of the instructions before completing lines 23 through 27.					
23 24		\$250 by the number of days in the LTC period	23	2,414,670			
24		ncurred for qualified LTC services provided for the insured the LTC period (see page 7 of the instructions)	24	1,130,804	_		
25	Enter the	e larger of line 23 or line 24	25	2,646,223			
26		rsements for qualified LTC services provided for the insured he LTC period	26	375,516			
		e: If you received any reimbursements from LTC contracts before August 1, 1996, see page 7 of the instructions.					
27	Per dien	n limitation. Subtract line 26 from line 25			. 27	2,271,460	
28		e payments. Subtract line 27 from line 22. If zero or less, en in the total on Form 1040, line 21. On the dotted line next to bunt				25,376	

Education Credits (Hope and Lifetime Learning Credits)

AMOUNTS OF SELECTED LINES FILED (IN THOUSANDS OF DOLLARS)

► See instructions.

► Attach to Form 1040 or Form 1040A.

OMB No. 1545-0074 Attachment

Department of the Treasury Internal Revenue Service (99)

Sequence No. 50

Ivaille	(5) SHOWIT OIL TELUTT	Tota	al Form	s Filed = 7,81	4,008	3					Tour 5		iiibei
Cau	tion: You cannot take the	Hope credit a	and the	lifetime learnir	ng cre	dit for th	e san	ne stud	dent in	the s	ame y	ear.	
Pai	t I Hope Credit. Ca	ution: You ca	nnot t	ake the Hope	cred	it for mo	re tha	an 2 ta	x years	for t	he sa	me student.	
1	(a) Student's name (as shown on page 1 of your tax return) First name Last name	(b) Stude social sec number shown on p of your tax	urity (as page 1	(c) Qualified expenses (so instructions). not enter muthan \$2,200° each stude	See Do lore for	colum	er of tount in	the 1	colum	Add n (c) a mn (c		(f) Enter one of the amount column (e	nt in
	Student # 1			5,201,267								4,116,092	
	Student # 2 Student # 3			216,429 4,812								173,100 3,710	
	Student # 4			*								*	
	* For each student who attended ** For each student who attended column (c) or \$2,200.									in			
2	Tentative Hope credit. A credit for another studen	t, go to Part II	ts on lir ; otherv	ie 1, column (f) vise, go to Pai	. If yo rt III .	u are taki 	ng the	e lifetim	ne learni 	ing ▶	2	4,316,530	
Par													
3	(a) Student's n	ame (as show	n on pa		tax re	turn)		numbe	dent's soo er (as show of your tax	wn on	page	(c) Qualifice expenses (so instruction	see
					Stud	dent # 1						24,991,652	
					Stud	dent # 2						612,173	
						dent # 3						5,957 Stud.	#4 =
4	Add the amounts on line	3, column (c),	and er	nter the total .	Stud	dent # 4					4	25,609,966	
	Enter the smaller of line	4 or \$10,000									5a	20,519,171	
	For students who attend the smaller of \$10,000 or	their qualified	expens	ses included o	n line	4 (see sp	pecial	rules o	on page	3)	5b	519,235	
	Subtract line 5b from line										5c	19,950,764	
6a	Multiply line 5b by 40%	(.40)									6a 6b	207,695 3,990,156	
D	Multiply line 5c by 20% (Tentative lifetime learni	(.20) I na credit Ada	 Hines (Sa and 6b and	 I ao ta	 Dart III					6c	4,207,688	
	t III Allowable Educ			da ana ob ana	i go ti	J I GIT III	•	· · ·		•	00	4,207,000	
7	Tentative education cred			C							7	8,521,005	
8	Enter: \$110,000 if married					 Isehold	I I			I			
Ū	or qualifying widow(er) .						8	646,72	28,251				
9	Enter the amount from F						9	373,92	24,255				
10	Subtract line 9 from line education credits			stop; you can		-	10	285,33	36,128				
11	Enter: \$20,000 if married or qualifying widow(er)			f single, head o			11	116,93	36,965				
12	If line 10 is equal to or line 14. If line 10 is less (rounded to at least three	than line 11,	divide	line 10 by lin	e 11.	Enter th	e res	ult as			12	74,999,606 × •	
13	Multiply line 7 by line 12						•			•	13	8,083,209	
14	Enter the amount from F						14	26,67	8,899				
15	Enter the total, if any, of yor Form 1040A, lines 29	your credits fro	m Forn		7 thro	ugh 49,	15	285	,985				
16	Subtract line 15 from lin education credits	e 14. If zero c	r less,		not ta	ake any	16	26,39	2,914				
17	Education credits. Enter 1040A, line 31	the smaller o	f line 13	or line 16 here	e and	on Form					17	7,022,884	
	* If you are filing Form 2555, 2555	5-EZ, or 4563, or yo	u are excl	uding income from	Puerto	Rico, see Pu	ıb. 970	for the an	nount to e	nter.			

AMOUNTS OF SELECTED LINES FILED (IN THOUSANDS OF DOLLARS)

Form **8864**

Biodiesel and Renewable Diesel Fuels Credit

2006

Attachment Sequence No. **141**

OMB No. 1545-1924

Department of the Treasury Internal Revenue Service ► Attach to your tax return.

Name(s) shown on return

Total forms filed = 2,619

Caution: You cannot claim any amounts on Form 8864 that you claimed (or will claim) on Schedule C (Form 720), Form 8849, or Form 4136.

Claimant has a certificate from the producer or importer of biodiesel or renewable diesel reported on lines 1 through 6 below and, if applicable, claimant also has a statement from the reseller. Claimant has no reason to believe that the information in the certificate or statement is false. Claimant may need to attach a copy of the certificate and statement. See *Certification* below.

	Type of Fuel		(a) Number of Gallons Sold or Used	(b) Rate		(c) Column (a) x Colu	mn (b)
1	Biodiesel (other than agri-biodiesel)	1		\$.50	0	*	
2	Agri-biodiesel	2		\$1.00	0	*	
3	Renewable diesel	3		\$1.00	0	*	
4	Biodiesel (other than agri-biodiesel) included in a biodiesel mixture	4		\$.50	0	0	
5	Agri-biodiesel included in a biodiesel mixture	5		\$1.00	0	0	
6	Renewable diesel included in a renewable diesel mixture	6		\$1.00	0	0	
7	Qualified agri-biodiesel production (gallons sold)	7		\$.10	0	0	
8	Add lines 1 through 7. Include this amount in your income for	2006 (see instructions)		8	*	
9	Biodiesel and renewable diesel fuels credit from partnership estates, and trusts				9	1,828	
10	Add lines 8 and 9. Cooperatives, estates, and trusts, go to line 1 report this amount on Schedule K; all others, report this amount			ations,	10	2,254	
11	Amount allocated to patrons of the cooperative or beneficiaries	s of the	estate or trust		11		
12	Cooperatives, estates, and trusts. Subtract line 11 from line 10. line 1p	-		n 3800,	12		

General Instructions

Section references are to the Internal Revenue Code.

What's New

The tax liability limit is no longer figured on this form; instead, it must be figured on Form 3800, General Business Credit.

Purpose of Form

Use Form 8864 to figure your biodiesel and renewable diesel fuels credit. Claim the credit for the tax year in which the sale or use occurs. This credit consists of the:

- Biodiesel credit,
- Renewable diesel credit,
- Biodiesel mixture credit,
- Renewable diesel mixture credit, and
- Small agri-biodiesel producer credit.

Definitions and Special Rules

Certification

To claim a credit on lines 1, 2, 4, or 5, you generally must attach the Certificate for Biodiesel and, if applicable, Statement of Biodiesel Reseller, to Form 8864. To claim a credit on lines 3 or 6, you generally must attach a certificate from the producer identifying the product as renewable diesel and, if applicable, a statement from the reseller. However, if the certificate or statement was attached to a previously filed claim, attach a separate sheet with the following information.

- Certificate identification number.
- Total gallons of agri-biodiesel, biodiesel other than agribiodiesel, or renewable diesel on the certificate.
- Total gallons claimed on Schedule 3 (Form 8849).
- Total gallons claimed on Schedule C (Form 720).
- Total gallons claimed on Form 4136.

See Notice 2005-62 on page 443 of Internal Revenue Bulletin 2005-35 or Publication 510, Excise Taxes for 2007, for the model certificate and statement.

Biodiesel

Biodiesel means the monoalkyl esters of long chain fatty acids derived from plant or animal matter which meet the registration requirements for fuels and fuel additives established by the Environmental Protection Agency (EPA) under section 211 of the Clean Air Act, and the requirements of the American Society of Testing and Materials (ASTM) D6751.

Biodiesel includes both agri-biodiesel and biodiesel other than agri-biodiesel.

Agri-Biodiesel

Agri-biodiesel means biodiesel derived solely from virgin oils, including esters derived from virgin vegetable oils from corn, soybeans, sunflower seeds, cottonseeds, canola, crambe, rapeseeds, safflowers, flaxseeds, rice bran, and mustard seeds, and from animal fats.

Form **8864** (2006)

Form

AMOUNTS OF SELECTED LINES FILED (IN THOUSANDS OF DOLLARS) **Credit for Qualified Retirement Savings Contributions**

► Attach to Form 1040, Form 1040A, or Form 1040NR.

► See instructions on back.

OMB No. 1545-0074 Attachment Sequence No. 129

Department of the Treasury Internal Revenue Service Name(s) shown on return

Your social security number Total Forms Filed = 5,290,862



You **cannot** take this credit if **either** of the following applies.

- The amount on Form 1040, line 38; Form 1040A, line 22; or Form 1040NR, line 36 is more than \$25,000 (\$37,500 if head of household; \$50,000 if married filing jointly).
- The person(s) who made the qualified contribution or elective deferral (a) was born after January 1, 1989, (b) is claimed as a dependent on someone else's 2006 tax return, or (c) was a student (see instructions).

		· ·				`		<u>′</u>	
						(a) You		(b) Your	spouse
1	Traditional and contributions	Roth IRA co	ntributions for 2006. D	o not include rollover	1	1,845,982		813,06	5
2		ributions, ar is)	s) or other qualified empled 501(c)(18)(D) plan c	ontributions for 2006	2	5,862,915 7,708,897		1,438,5 2,251,5	
4 5	(including extermarried filing journal See instruction	nsions) of yointly, includes some some some some some some some so	ved after 2003 and k your 2006 tax return e both spouses' amouseption	(see instructions). If ints in both columns.	4 5	376,491 7,483,325		228,19 2,123,6	
6			smaller of line 5 or \$3		6	5,123,017		1,311,8	92
7			5. If zero, stop ; you ca				7	6,434,9	09
								-, -,-	
8			rm 1040, line 38*; For		8	158,439,566			
	Form 1040NR,				0	130,433,300			
9	Enter the appli	cable decim	nal amount shown belo	ow:					
		_	_						
	If line 8	is—	Ar	nd your filing status	is—				
		But not	Married	Head of	Sing	le, Married filing			
	Over—	over—	filing jointly	household	S	eparately, or			
		over—	Enter of	on line 9—	Qua	llifying widow(er)			
		#45.000	г						
	 045,000	\$15,000	.5	.5		.5			
	\$15,000	\$16,250	.5	.5		.2	g		Χ.
	\$16,250	\$22,500	.5	.5		.1	=	,	
	\$22,500	\$24,375	.5	.2		.1			
	\$24,375	\$25,000	.5	.1		.1			
	\$25,000	\$30,000	.5	.1		.0			
	\$30,000	\$32,500	.2	.1		.0			
	\$32,500	\$37,500	.1	.1		.0			
	\$37,500	\$50,000	.1	.0		.0			
	\$50,000		.0	.0		.0			
10	Multiply line 7		f line 9 is zero, stop ; y		redit.		10	1,127,1	21
		-			· ·			.,,	-
11			rm 1040, line 46; For		11	7,864,829			
					11	7,007,028			
12	1040 filers:	Enter the t	otal of your credits from	om lines 47					
	1040A filers:	Enter the to	tal of your credits from li	nes 29 through 31.	12	471,426			
	1040NR filers:	Enter the tand 45.	otal of your credits fro	om lines 44					
13	Subtract line 12	2 from line	11. If zero, stop ; you o	cannot take this credi	it .		13	7,393,4	03
14	Credit for qua	lified retire	ment savings contril), line 51; Form 1040A	butions. Enter the sn	naller		14	1 893,95	7
	See Pub. 590 fo	r the amount	to enter if you are filing	Form 2555, 2555-EZ, or	4563 o	r you are excluding i	ncome	from Puerto R	ICO.

AMOUNTS OF SELECTED LINES FILED (IN THOUSANDS OF DOLLARS)

Health Coverage Tax Credit

OMB No. 1545-0074 Attachment Sequence No. 134

Department of the Treasury Internal Revenue Service

▶ Attach to Form 1040, Form 1040NR, Form 1040-SS, or Form 1040-PR.

Name of recipient (if both spouses are recipients, complete a separate form for each spouse) Recipient's social security number Total Forms Filed = 22.397

Before you begin: See Definitions and Special Rules that begin on page 2.



Do not complete this form if you can be claimed as a dependent on someone else's 2006 tax return.

Complete This Part To See if You Are Eligible To Take This Credit

- Check the boxes below for each month in 2006 that all of the following statements were true on the first day of that month.
 - You were an eligible trade adjustment assistance (TAA) recipient, alternative TAA recipient, or Pension Benefit Guaranty Corporation (PBGC) pension recipient.
 - You were covered by a qualified health insurance plan for which you paid the premiums.
 - You were not entitled to Medicare Part A or enrolled in Medicare Part B.
 - You were not enrolled in Medicaid or State Children's Health Insurance Program (SCHIP).
 - You were not enrolled in the Federal Employees Health Benefits Program or eligible to receive benefits under the U.S. military health system (TRICARE).
 - You were **not** imprisoned under federal, state, or local authority.

•	You were not covered by,	or eligible for	coverage un	nder, any	employer-sponsored	health	insurance	plan	(including	any
	employer-sponsored health	າ insurance pla	an of your sp	ouse) (see	e the instructions for	line 1	on page 3).			

employer-sponsored health insurance plan of your spouse, (see the instructions for line 1 on page 3).									
	☐ January	☐ February	☐ March	☐ April	☐ May	☐ June			
	☐ July	☐ August	☐ September	☐ October	☐ November	☐ Dece	mber		
Part II Health Coverage Tax Credit									
2	instructions on paid to "U.S. Trea	page 3). Do not incasury-HCTC." Also,	surance coverage for lude on line 2 any a do not include any a	qualified health i dvance payment	nsurance premium s from Form 1099-F	is H,	42,888		
	Caution. You must attach the required documents listed on page 4 for any amounts included on line 2. If you do not attach the required documents, your credit will be disallowed.								
3	to pay for qualifie	ed health insurance of	cher MSA and health coverage for all mont health insurance in	hs checked on lir	ne 1 and (b) Nationa		*		
4	Subtract line 3 from line 2. If zero or less, stop ; you cannot take the credit						42,410		
5	_	eck box c); Form 1	y line 4 by 65% (.65 040NR, line 64 (che	eck box c); Form	1040-SS, line 9; c		27,567		

Form **8889**

AMOUNTS OF SELECTED LINES FILED (IN THOUSANDS OF DOLLARS)

Health Savings Accounts (HSAs)

► Attach to Form 1040 or Form 1040NR.

► See separate instructions.

OMB No. 1545-0074

2006
Attachment
Sequence No. 53

Department of the Treasury Internal Revenue Service Attack

Name(s) shown on Form 1040 or Form 1040NR

Total Forms Filed = 754,114

Social security number of HSA beneficiary. If both spouses have HSAs, see page 2 of the instructions

вет	ore you begin: Complete Form 8853, Archer MSAs and Long-Term Care insurance Cor	ntracts	s, it requirea.			
Par	HSA Contributions and Deduction. See page 2 of the instructions before comp filing jointly and both you and your spouse each have separate HSAs, complete a spouse (see page 2 of the instructions).					
1	Check the box to indicate your coverage under a high-deductible health plan (HDHP) during 2006 (see page 2 of the instructions)	☐ Se	☐ Self-only ☐ Family			
2	HSA contributions you made for 2006 (or those made on your behalf), including those made from January 1, 2007, through April 16, 2007, that were for 2006. Do not include employer contributions, contributions through a cafeteria plan, or rollovers (see page 2 of the instructions)	2	985,530			
3	If you were under age 55 at the end of 2006, and on the first day of every month during 2006, you were an eligible individual with the same annual deductible and coverage, enter the smaller of: • Your annual deductible (see page 3 of the instructions), or • \$2,700 (\$5,450 for family coverage). All others, enter the limitation from the worksheet on page 3 of the instructions	3	1,840,434			
4	Enter the amount you and your employer contributed to your Archer MSAs for 2006 from Form 8853, lines 3 and 4. If you or your spouse had family coverage under an HDHP at any time during 2006, also include any amount contributed to your spouse's Archer MSAs	4	21,601			
5	Subtract line 4 from line 3. If zero or less, enter -0	5	1,821,989			
6	Enter the amount from line 5. But if you and your spouse each have separate HSAs and had family coverage under an HDHP at any time during 2006, see the instructions on page 3 for the amount to enter.	6	1,778,836			
7	If you were age 55 or older at the end of 2006, married, and you or your spouse had family coverage under an HDHP at any time during 2006, enter your additional contribution amount (see page 4 of the instructions)	7	43,817			
8	Add lines 6 and 7	8	1,822,653			
9	Employer contributions made to your HSAs for 2006	9	507,623			
10	Subtract line 9 from line 8. If zero or less, enter -0	10	1,427,934			
11	HSA deduction. Enter the smaller of line 2 or line 10 here and on Form 1040, line 25, or Form 1040NR, line 25	11	868,560			
	Caution: If line 2 is more than line 11, you may have to pay an additional tax (see page 4 of the instructions).					
Par	HSA Distributions. If you are filing jointly and both you and your spouse each homologies a separate Part II for each spouse.	ave se		,		
12a	Total distributions you received in 2006 from all HSAs (see page 5 of the instructions)	12a	903,529			
b	Distributions included on line 12a that you rolled over to another HSA. Also include any excess contributions (and the earnings on those excess contributions) included on line 12a that were withdrawn by the due date of your return (see page 5 of the instructions)	12b	14,375			
С		12c	889,154			
13	Unreimbursed qualified medical expenses (see page 5 of the instructions)	13	847,887			
14	Taxable HSA distributions. Subtract line 13 from line 12c. If zero or less, enter -0 Also, include this amount in the total on Form 1040, line 21, or Form 1040NR, line 21. On the dotted line next to line 21, enter "HSA" and the amount	14	75,093			
	If any of the distributions included on line 14 meet any of the Exceptions to the Additional 10% Tax (see page 5 of the instructions), check here	15b	6,931			

AMOUNTS OF SELECTED LINES FILED (IN THOUSANDS OF DOLLARS)

Domestic Production Activities Deduction

Department of the Treasury Internal Revenue Service

► Attach to your tax return. ► See separate instructions.

Attachment Sequence No. 143

Identifying number Name(s) as shown on return Total Forms Filed = 474,755 881,415,513 1 Domestic production gross receipts (DPGR) Allocable cost of goods sold. If you are using the small business 619,329,662 simplified overall method, skip lines 2 and 3 If you are using the section 861 method, enter deductions and losses definitely related to DPGR. Estates and trusts, see 69,141,261 3 instructions. All others, skip line 3 If you are using the section 861 method, enter your pro rata share of deductions and losses not definitely related to DPGR. 107,635,701 All others, see instructions 796,124,328 5 Add lines 2 through 4 85,291,184 6 Subtract line 5 from line 1 Qualified Then enter the total qualified production activities income from— If you are aproduction activities a Shareholder Schedule K-1 (Form 1120S), box 12, code P income 62,456,353 7 **b** Partner Schedule K-1 (Form 1065), box 13, code T . from passthrough Schedule K-1 (Form 1065-B), box 9, code S2 entities: **c** Beneficiary Schedule K-1 (Form 1041), box 14, code C . . Qualified production activities income. Add lines 6 and 7. If zero or less, enter -0- here, 155,153,913 8 skip lines 9 through 15, and enter -0- on line 16 Income limitation (see instructions): • Individuals, estates, and trusts. Enter your adjusted gross income figured without the 334,532,597 • All others. Enter your taxable income figured without the domestic production activities deduction (tax-exempt organizations, see instructions) Enter the smaller of line 8 or line 9. If zero or less, enter -0- here, skip lines 11 through 15, 114,069,604 10 and enter -0- on line 16 3,422,084 11 Enter 3% of line 10 . . . 25,672,781 12 12 Form W-2 wages (see instructions) Form W-2 13 If you are a-Then enter the total Form W-2 wages fromwages from passa Shareholder Schedule K-1 (Form 1120S), box 12, code Q through 42,484,678 13 **b** Partner Schedule K-1 (Form 1065), box 13, code U . entities: Schedule K-1 (Form 1065-B), box 9, code S3 **c** Beneficiary Schedule K-1 (Form 1041), box 14, code D 14 68,157,459 Add lines 12 and 13 34,078,825 15 15 Form W-2 wage limitation. Enter 50% of line 14 3,283,876 16 16 Enter the smaller of line 11 or line 15 . Domestic production activities deduction from cooperatives. Enter deduction from 17 13,747 Form 1099-PATR, box 6 18 18 Expanded affiliated group allocation (see instructions) Domestic production activities deduction. Combine lines 16 through 18 and enter the result here and on Form 1040, line 35; Form 1120, line 25; Form 1120-A, line 21; or the applicable 3,298,552 19

Form **8914**

Department of the Treasury

Internal Revenue Service

Exemption Amount for Taxpayers Housing Individuals Displaced by Hurricane Katrina

► Attach to Form 1040, Form 1040A, or Form 1040NR

OMB No. 1545-0074

206
Attachment
Sequence No. 55

Name(s) shown on your return

Total Forms Filed = 31,296

Your social security number

Information on Individuals Displaced by Hurricane Katrina for Whom You Provided Housing in Your Main Home for at Least 60 Consecutive Days Do not enter information for more than four individuals, for anyone included on line 6d of Form 1040 or 1040A (line 7d of Form 1040NR), or for anyone included on a Form 8914 you filed for 2005. (d) Number of (b) Social security number (c) Former address in disaster area (a) First and last name consecutive days housed (see instructions) (number and street, city or town, state, and ZIP code) in your main home Part II Exemption Amount 52,958 2 Maximum exemption amount. Enter \$2,000 (\$1,000 if married filing separately) Did you file Form 8914 for 2005? Yes. Enter the amount from your 2005 Form 8914, line 2 ■ No. Enter –0– 3 10.433 42,525 4 Subtract line 3 from line 2 5 26,201 Multiply \$500 by the total number of individuals listed in Part I above 20,100 Enter the smaller of line 4 or line 5 6 Multiply \$3,300 by the total number of exemptions claimed on line 6d of Form 1040 or 248,987 7 Form 1040A (line 7d of Form 1040NR) 8 273,301 8 Add lines 6 and 7 Is the amount on Form 1040, line 38 (Form 1040A, line 22; or Form 1040NR, line 36), more than the amount shown on line 10 below for your filing status? ☐ No. Enter the amount from line 8 above on Form 1040, line 42 (Form 1040A, line 26; or Form 1040NR, line 39) Yes. Enter on line 9 the amount from Form 1040, line 38 9 (Form 1040A, line 22; or Form 1040NR, line 36) Enter the amount shown below for your filing status. • Single—\$150,500 • Married filing jointly or Qualifying widow(er)-\$225,750 10 Married filing separately—\$112,875 Head of household—\$188,150 Subtract line 10 from line 9. Is the result more than \$122,500 (\$61,250 if married filing separately)? Yes. Multiply \$2,200 by the total number of exemptions claimed on line 6d of Form 1040 or Form 1040A (line 7d of Form 1040NR). Subtract this amount from line 8 and enter the result on Form 1040, line 42 (Form 1040A, line 26; or Form 1040NR, line 39) 11 Divide line 11 by \$2,500 (\$1,250 if married filing separately). If the result is not a whole number, increase it to the next higher whole 12 number (for example, increase 0.0004 to 1) 13 Multiply line 12 by 2% (.02) and enter the result as a decimal rounded to at least three places 5,815 14 Multiply line 7 by line 13 15 2,510 15 Divide line 14 by 1.5 **Exemption amount.** Subtract line 15 from line 8. Enter the result here and on Form 1040.

line 42; Form 1040A, line 26; or Form 1040NR, line 39

268,741